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ORIGINAL DEPARTMENT.

LECTURE.

NECROSIS OF THE HUMERUS—NECROSIS OF THE FIBULA—NECROSIS OF THE TIBIA—POTT'S DISEASE OF THE SPINE.*

BY H. R. WHARTON, M. D.,

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John B., aged 10 years, whom I bring before you this morning, was admitted to the hospital during the latter part of the summer with cellulitis of the leg, which had gone on to suppuration. This was treated by incision to secure free drainage, and under this treatment he made a good recovery. About this time he complained of pain in the left shoulder, which he attributed to an injury of that part which he had received a short time before his admission to the hospital. The part became swollen and painful, his temperature rose rapidly, and for several days his condition seemed critical. My colleague, Prof. Ashhurst, saw the case with me, and we concluded that there was osteitis involving the upper epiphysis of the humerus; the whole arm became swollen and cedematous, and at several points abscesses seemed to be forming. Several incisions were made, which were followed by the discharge of pus and marked improvement in the local condition, and upon exploring the wounds thus made with a probe, rough or carious bone could be felt at the upper portion of the humerus. After the incisions were made, his general condition was much

improved, but the swelling gradually extended down the arm, and although the disease originated at the upper epiphysis of the humerus, I now think that the whole shaft of the bone has become involved.

You will notice upon examining the arm several openings with pouting granulations at the upper portion, and also just above the elbow several other sinuses presenting a similar appearance. You notice also the induration of the soft parts, and upon careful palpation the whole humerus seems to be expanded or enlarged, and upon exploring their sinuses with a probe, I find that they lead down to roughened or carious bone. Such being the condition of the parts, I think the time has arrived when we should cut down upon the diseased bone, explore it, and remove whatever we find in a carious or necrosed condition. The patient being etherized, I first apply the Esmarch bandage and then the tube, and this you will find a most useful apparatus in operating upon cases of caries or necrosis of bone, as it renders the part bloodless and enables the operator to see the condition of the parts clearly. I next make an incision from just below the shoulder upon the outer side of the limb to the sinus just above the elbow, dividing the skin and superficial fascia. I now divide the deep fascia, and carry the incision down to the bone, being careful in the middle of the incision to leave a mass of tissue which I think contains the musculo-spinal nerve where it comes around the humerus, as I do not wish to divide this. I divide the periosteum and push it aside and expose the humerus, which I find much expanded, and cut some of it away with a curved gouge at the upper portion, and expose some small

*Delivered at the Children's Hospital, Philadelphia.

sequestra surrounded by gelatinous lymph, lying in the medullary canal. I now expose the whole canal by cutting away the outer wall of the bone, and thoroughly clear it of these small sequestra and lymph which it contains.

The success of these operations depends largely upon the free removal of all diseased tissues, either hard or soft, and the removal of all overhanging edges of bone.

I now am able to pass a director from the upper part of the bone through a sinus which opens in the anterior portion of the axilla. As I do not wish to encroach upon the axilla, I will pass an oakum seton through this, and it will be kept in position for a few days.

Having washed out the cavity with carbolized water (1-40), I pack it with strips of antiseptic gauze, and apply over the whole limb a gauze dressing, and hold it in position by a bandage starting at the tips of the fingers and carried up to the shoulder. This bandage is applied quite firmly, so as to control any hemorrhage which might occur in the wound. The rubber tube is now removed, and you notice that the circulation is re-established in the arm. The case will be closely watched for a short time for hemorrhage, and should it occur, a compress of oakum and an additional firm bandage will be applied. But as no large vessel has been divided, this complication is not likely to take place.

NECROSIS OF THE FIBULA.

The next case I bring before you is this little girl, aged nine years, in whom you see a decided enlargement in the region of the right fibula, and in the line of this bone you see three or four small ulcers with pouting granulations.

Upon examining these with a probe, I find that it enters the cavity of the fibula and comes in contact with dead bone, and from the sensation imparted to my hand, I think there is here a loose sequestrum. The child being etherized, and the Esmarch apparatus having been applied, I will now make an incision over the fibula in the line of the sinuses. Displacing the tendons and muscles, I expose the thickened bone, in which I see several openings corresponding with the openings upon the skin. I now cut away the external aspect of the fibula, and expose a slender sequestrum extending from the external malleolus almost to the head of the bone. Having cut away a sufficient amount of the outer shell of the bone, I can now remove the sequestrum with bone forceps. The cavity I now clear of all debris, and the bony

edges are now sloped off and the wound is thoroughly irrigated with a carbolized solution. The wound is now packed with carbolized lint and a gauze dressing is applied and held in position by a roller bandage. The rubber band is now removed, and you see the circulation is re-established in the limb.

The same precautions will be taken in this case as in the preceding one as regards hemorrhage. I here call your attention to the fact that this patient has also suffered from hip-joint disease of the left hip, and has had her joint excised on that side, and will notice what a fair range of motion she has in her new false-joint at the point of operation.

The necrosis of the fibula and the disease of the left hip-joint are here probably due to the same cause.

NECROSIS OF THE TIBIA.

The next case I show you is this boy, aged eleven years, in whom you notice an enlargement of the lower end of the left tibia, and a sinus which presents the very characteristic appearance which you see. He is suffering from a circumscribed necrosis of the left tibia, and I call your attention to the fact that he also is the subject of hip-joint disease of the right hip.

The case being etherized, and the means having been applied for the control of the hemorrhage, I now cut down upon the lower end of the tibia, and having divided and turned aside the soft parts, I expose the bone, which I find much expanded at this point, and can see an opening, into which I introduce a director and feel a loose sequestrum. I cut away the anterior surface of the tibia freely with a gouge, and you see I can now without difficulty remove this sequestrum, which is perfectly detached, with bone forceps. I cut away all edges of bone which overhang the cavity in which this sequestrum rested, and wash the wound out with a carbolized solution and apply the dressing in the same manner as you saw me do in the other cases.

The after-treatment of these cases of necrosis, or caries, consists in removing the packing on the second or third day; but really no definite time can be set for this, as the rule is to remove it as soon as it becomes loose; and the subsequent dressing consists in keeping the wound clean and lightly packed with lint, so that its surfaces may not come in contact and adhere, leaving a sinus.

These wounds of course heal by granulation, and if all the dead or carious bone be removed and care be taken to cut away a

sufficient amount of the overhanging edges of bone so as to permit of the soft parts being drawn in, in the contraction which follows, and if the simple details of after-treatment be observed which have been mentioned, these cases are very satisfactory in their termination, and when the parts are solidly healed we have resulting a depressed cicatrix.

Necrosis may result from osteitis or periostitis or osteomyelitis, or it may result directly from an injury depriving the bone of its nutrition without the development of inflammatory symptoms. Necrosis resulting from the first-named cause is most frequently met with and runs a more chronic course.

As remote causes of necrosis, we have certain constitutional conditions such as scrofula and syphilis, and I called your attention to the fact that in two of the cases which you have just seen there was co-existing hip-joint disease. From traumatism, as previously stated, necrosis may result directly, and I think they also frequently act as an exciting cause in the constitutional conditions just mentioned.

I would also call your attention to the history of the boy who had suffered from necrosis of the humerus, in whom the disease seemed to originate in an epiphysitis of the humerus following an injury of the shoulder. Under this name an English surgeon has described an inflammation occurring in children at the junction of the epiphysis and diaphysis of the long bones which may be followed by periostitis, osteitis, and osteomyelitis, and is often confounded with arthritis.

POTT'S DISEASE OF THE SPINE.

This child, four years of age, is suffering with caries of the spine, and as you see the disease in this case is located in the lower dorsal vertebrae, in which region you can see a marked projection. This case has been treated by means of the plaster-of-Paris jacket, which I will renew before you to-day. The child is first supplied with a closely-fitting woven shirt, and a small abdominal pad is placed under it over the region of the umbilicus; the case is now suspended from a tripod by means of this transverse rod, which is furnished with arm-pieces and a halter, or hand support, the suspension is only carried to that point where the toes rest on the floor. The bandage, which is made of crinoline, into which plaster-of-Paris has been rubbed, is now soaked in warm water and applied around the body; it is started a little below the crest of the ilium and carried up to the axillae. The most important

point in the application of this dressing is to obtain a firm base for support upon the bony prominences of the pelvis.

Three or four rollers applied in this way will form a firm splint, and after it sets, we will remove the abdominal pad, and place the child in the recumbent posture until the dressing has become thoroughly dry.

At the present time much diversity of opinion exists among surgeons as to the value of this dressing, which was first brought before the profession by Prof. Sayre, of New York, by whose name it is generally known.

Although I do not think it has accomplished all that its introducer has promised for it, I certainly have seen it employed with the most satisfactory results; it produces fixation of the diseased bones and relieves them of the superimposed weight, thus preventing an increasing deformity, until nature brings about a cure by the deposit of bony callus around the diseased structures.

I do not mean to say that a properly constructed apparatus of steel and leather may not accomplish the same purpose, but on account of the expense of this dressing, it is impossible to use it in hospital practice. Jackets of leather and porous felt moulded from a cast taken from a plaster-of-Paris splint have also been used with good results, and have the advantage that they can be removed for purposes of cleanliness.

Where the disease involves the cervical or upper dorsal vertebrae, as is the case in this next case I show you, we use in addition a jury-mast fastened to the plaster splint from which is suspended a halter which supports the weight of the head.

In very young children suffering with caries of the spine, owing to the difficulty of getting any fixed points of support from the pelvis, which, in this class of cases, is poorly developed, we apply no apparatus, but depend for the treatment of the disease largely upon the recumbent posture.

COMMUNICATIONS.

HOME TREATMENT OF INEBRIATES.

BY T. D. CROTHERS, M. D.,
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What to do when called to a case of acute intoxication where the patient is either in a state of stupor or delirium, is often perplexing. Many letters come to me in the course of the year from excellent physicians who

are not satisfied with their efforts, inquiring what can be done with these cases in their homes. The following is an outline answer to these questions, intended to be suggestive rather than otherwise.

The physician is only called in such cases where some acute condition appears or alarming symptoms that are new to the friends or the patient. He is called only as a last resort, and the facts of the case are always exaggerated or concealed. The statements of patient and friends are always misleading. This is the result of the theory of vice, wickedness, and weakness. If stupor is present, it should be remembered that fracture of the skull, concussion of the brain, cerebral hemorrhage, embolism, thrombosis, uræmia from Bright's disease, epilepsy, narcotic poisoning from other drugs than alcohol, head apoplexy, hysteria, may each one be mistaken for the stupor of drunkenness. The alcoholic exhalations should not be regarded as positive evidence of acute alcoholism or drunkenness. They may be present in any one of these conditions as accidents. If the patient is in a state of delirium, careful inquiry should determine the causes, and show that it was alone the effect of alcohol on the brain. Having ascertained these facts, the heart's action should next engage attention. If this is wavering and uncertain, all narcotics, and even stimulants, such as alcohol, ammonia, camphor, or the electric battery, are dangerous. If it is firm and steady, many and varied remedies can be used. In the former case, begin with a hot bath, either Turkish, vapor, or even a hot sponge-bath. Continue its use for some time with saline drinks as often as the patient will take them. It is a good plan to cover up the taste with tinct. of cinchona. The degree of the delirium and stupor must determine the active medical interference. If maniacal, always have a trusted attendant in the room, who will execute all orders and prevent any injury. Do not use chemical restraints in the form of chloral or other narcotics until the active stage of the delirium has subsided. Wait until the patient exhibits signs of exhaustion, then give freely lupulin or valerian, which as a rule are quite sufficient to bring on sleep and rest to the brain and nervous system. The physiological condition present is always one of depression, exhaustion, and derangement of the great nerve centres, associated with varied and complex states of congestion. Remedies which stimulate the secretions, including calomel and salines, are of the first importance. The only stimulants that can be given with

success are hot milk, beef tea, or hot acid drinks. If the stomach is deranged, beef-tea or milk is often not tolerated; then acids or the salines with bismuth are valuable.

The hot bath and hot sponging give very marked relief in most cases. Free action of the bowels and kidneys and active perspiration also bring great relief to all the acute symptoms. The means used in each case must of course depend altogether on the conditions present. Opium in my experience has been both uncertain and dangerous. One-fourth of a grain of morphia has produced a very dangerous lowering of the heart's action, and in other conditions of the same case no effect was noticed. Opium in any form is also dangerous from the fact that it is quickly substituted for alcohol. In other cases, the effect of opium is more seductive than alcohol, and the relief more positive, hence it is used ever after. Chloral is also dangerous, because of its uncertain action on the heart. The bromides are cumulative and depressing, and the various other narcotics are uncertain and irregular in their action. When the acute symptoms of intoxication subside, craving for spirits and various morbid impulses and delusions appear. Various remedies have been found of value to allay this craving. The greatest skill and tact, as well as therapeutic resource, will be requisite. I find that small doses of a combination of chloral, bromide, hyoscyamus, cannabis indica, with a solution of bark, very valuable given at night. Lupulin, cinchona, nux vomica, and caffeine are very useful, and can be given in many ways and forms. The mental treatment of the case grows in importance as the symptoms decline. The case is more than alcoholic poisoning, it is an insanity of the most dangerous insidious character. An insanity that is largely unknown, and must be determined by the physician from the facts and circumstances of each case. The emergency of acute intoxication is only a small part in the history of the case; this should be the starting-point for the treatment. The patient and friends should be made to understand that the drink craving and impulse is a physical disease, and curable by the use of means long continued; that the causes and progress of this malady are not matters of chance and controllable by the will and disposition of the person; that they depend on states and conditions that can be known and remedied: physical and psychical states, which the patient cannot understand, but are clear to the physician.

When the friends and patient realize this

fact, and the physician makes a careful study of the case, using means and remedies to meet all its conditions, then acute intoxication will not occur, and the progress toward recovery will be positive and distinct. The home treatment of inebriety is as practical as typhoid fever or rheumatism. The results will be far more satisfactory, and the restorations as numerous. The great obstacle is sentiment and the moral theories of the origin and cause of inebriety.

This is the future field for medical triumphs and discoveries. The empirical efforts of reformers and moralists must give way to the exact studies of medical men and scientists. What is needed to-day are facts; and physicians who make all these cases of inebriety a careful study, will find most positive indications for successful treatment in a vast variety of means and therapeutical measures that are now unknown. My experience of over ten years, exclusively devoted to this study, and based on the study of a very large number of cases from all parts of the country, fully sustains the following conclusions:

1. The home treatment of inebriety is at present confined to measures for relief of the acute symptoms of intoxication. These means are often empirical, and should not include narcotics, except in special conditions and cases.

2. Home treatment of inebriety, where the family physician can become acquainted with all the facts of the history, and know the influence of the surroundings and apply the means of prevention, gives the greatest promise of cure.

3. Inebriety must be fully recognized as a disease requiring exact means and remedies for its removal. Then the physician can bring to his work an intelligent congregation of the friends and the patient himself, and the cure will be a matter of certainty.

4. Inebriety, as a disease, is curable to a large extent, but with the means used by the moralists and reformers it is practically an incurable malady. Inebriety, scientifically studied and treated at home, can not only be prevented, but cured, in a large proportion of cases.

—Dr. A. Walker says, in the *British Medical Journal*: "In a number of cases, strychnine administered along with iron for a month before labor, has exerted a remarkable influence in preventing post-partum hemorrhage, where severe flooding has occurred in previous labor."

CHRONIC CYSTITIS.*

BY P. S. CONNOR, M. D., LL. D.,

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Hospitals.

In a state of health, the bladder admirably performs its functions, holding the urine till such a time as micturition may be convenient or proper; but let there be a tumor of the bladder wall, a retained foreign body in the cavity, or an obstacle to the ready outflow of urine, and sooner or later there will be developed a state of chronic inflammation, with associated changes in the chemical constituents of the fluid. He recommended the finding of the cause and its removal at the earliest possible moment. If the kidney, therapeutic or operative measures must be adopted accordingly. If a foreign body in the bladder, it must be extracted. If a urethral stricture, dilate, divulse, or divide it.

Because of the ready removal of the cause in cystitis produced by stone or stricture, these cases, if not so long in duration as to have involved the kidneys, can be cured with comparative ease.

If the irritation is excited, maintained, or aggravated by the condition of the urine, in proportion as it is lessened is the morbid state diminished. This can be effected by increasing the amount of urine, which flushes out the cavity and distributes and carries off the pus. Some infusions owe their good effects to the cleansing of the bladder by the increased amount of urine passing through. For like reasons, washing out the bladder by injections acts very well, provided it is properly done and with a suitable fluid. The instrument must be clean in the fullest surgical sense of the word; the fluid warm, and such as to arrest and prevent decomposition. Theoretically the weak sublimate solution is the best that can be employed, but it is found not infrequently to be badly borne. Care must always be taken not to throw in the fluid too rapidly or too strongly, and if a single-current catheter is used, not to over-distend the bladder.

Cystitis in elderly men, arising from enlargement of the prostate, acts as does a stricture. The indications for treatment are the complete emptying of the bladder at regular intervals and with the least possible effort to the patient. Catheterization should take the place of natural evacuation. The patient may be able later to lay aside the instrument, but as a general rule, he will em-

* Abstract of paper read before the Cincinnati Academy of Medicine.

ploy it his lifetime; preferably the soft instrument, and always properly disinfected. In very many cases the chemical changes in the urine are due to bacteria which are carried in on the catheter, and it is because of the germs thus introduced that the frequent use of the instrument has long been recognized as likely if not certain to be followed by putrefactive changes in the urine, and an aggravation of the symptoms. In the older and severer cases, when the general hypertrophy of the prostate is great, and the basfond of the bladder consequently deep, and the residual urine in decided amount, catheterization and antiseptic irrigation are the essentials of treatment. Sometimes the muscular coat becomes so enfeebled as to permit of over-distension, at other times it becomes excessively intolerant of fluid, which excites a spasmodic, painful, imperious desire to urinate. This condition may be associated with and dependent upon prostatic hypertrophy, very apt to be of the ball-valve variety, or complicated with urethral stricture. It may depend upon the bladder tumor, or upon tubercular disease of the prostate, or the seminal vesicles. The habits and mental state of the individual sometimes markedly affect the intensity of the irritability. Permanent retention of the catheter where there is difficulty in introducing the instrument from the size or direction of the canal, or over-sensitiveness of its membrane, is, in the essayist's opinion, improper. Any catheter will soon become encrusted, cannot be kept antiseptic, and will almost certainly increase the irritation. In severe cases operative interference is often strongly called for, and is capable of accomplishing much. The most important element in the treatment of cystic affections is rest. Open the contracted urethra by sound or knife, and the pre-existing inflammation will generally rapidly diminish or altogether disappear. Extended experience has demonstrated that parenchymatous injections of the enlarged prostate are of no value to produce shrinkage. I am becoming more and more convinced that in all severe forms of chronic cystitis in the male, either perineal section or supra-pubic cystotomy should be made. By draining off the urine as fast as it comes into the bladder that rest is secured, which above all else is the essential element in treatment. If the cystitis depends upon a vesical tumor, the perineal operation permits of the determination of the location, size, and nature of the neoplasm, of its removal if practicable, and under all circumstances of the cleaning and draining of the cavity. In young sub-

jects with cystitis dependent upon local tuberculous deposits, dilatation of the prostatic urethra, or division of the gland, affords more relief, and that more speedily, than anything else. Many, especially of the French school, urge that the opening into the bladder should be supra-pubic, and there are unquestionably advantages in this operation over the perineal one, with, however, associated disadvantages.

In any and all forms of chronic cystitis, the prime indications of treatment are to remove the cause and give the organ rest. Just in proportion as these indications can be fulfilled will relief be afforded and a cure effected.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Special meeting, April 15, 1886. The president, B. F. Baer, M. D., in the chair.

Dr. M. Price reported two cases of

Emmett's Button-hole Operation.

I desire to call the attention of the Society to a novel operation for the diagnosis and treatment of urethral and vesical diseases and accidents incident to parturition, devised and practiced by Dr. Emmett, of New York, for the past six years. In the last edition of his gynecology he treats the subject elaborately, and gives it, as in his judgment the most rational treatment for prolapsus of the mucous and submucous tissues, urethrocele, lacerations of the urethra from dilatation or injuries in labor, gonorrhoeal inflammation, and abscess in the urethral wall.

I desire to report two cases of this operation, where no other treatment, in my judgment, would have been of the slightest benefit to the patients. The operation recommended by Dr. Emmett is what he designates as his "button-hole operation of the urethra," and may be performed either in the Sims's position or in the lithotomy position. The operation consists in opening the urethra from three-fourths to one inch, midway between the urethral orifice and the neck of the bladder, thus giving ample room for inspection of the canal for any growth or condition requiring drainage or operative procedure. In those cases where the opening is made for diagnostic purposes simply, the opening may be closed with sutures, or be allowed to close in its own way. Many cases of urethral irritation are wonderfully bene-

fited, and most of them entirely cured, simply by the free drainage it allows. The mucous membranes of the urethra and vagina are tacked together in these cases to prevent retraction. In the operation for urethrocele, the urethral opening is made through the pouch or dilated portion of the urethra, while a block-tin bougie is held in the bladder. The opening is continued down into the mucous membrane covering the sound, and a sufficiently large piece of the mucous membrane of the vagina removed to insure the removal of the pouch. The mucous membrane is then taken under the sound and drawn through the button-hole opening, so as to obliterate the redundancy of mucous membrane; sutures are then passed from the vaginal surface to the block-tin sound and back on the opposite side in the same position—all the sutures being thus introduced before cutting away the redundant mucous membrane held by a tenaculum in the hands of an assistant. This is to prevent the possibility of failing to incorporate the mucous membrane of the urethra in the sutures, and so failing to secure a perfect result, inasmuch as it is the mucous membrane which, on account of its diseased condition, is giving the most trouble. This is also the operation performed for prolapse of the mucous membrane; its redundancy being pulled through the button-hole opening, back from the meatus and there fastened. The redundancy is then cut away, instead of cauterizing it as in the past.

The first case is that of a lady 32 years of age, the mother of four children. The last labor was very brief, as the woman was delivered with forceps in the hands of a medical man who had another engagement, and could not be delayed. This was four years ago. The woman, when she came into my hands, was suffering from a double laceration of the cervix, which was torn back to the vaginal vault; with laceration of the perineum back to the sphincter; and with a urethrocele that would have held two drachms of urine. There was also quite a protrusion of the mucous membrane of the uterus: what Emmet calls "hemorrhoids of the urethra," from constant straining to pass urine. This woman had suffered constant tenesmus or bearing-down pains ever since her confinement, with inability at times to go more than half an hour without passing urine; at other times she was compelled to micturate every few moments; the urine passing with the greatest difficulty.

This was making great inroads upon her health. She had consulted quite a number of physicians, and was treated, from what I

understand, for "cystitis" and "ulceration of the womb." This, I believe, was the diagnosis of her trouble by the gentleman who had rendered her such efficient service at her delivery. The patient was operated on after the method of Dr. Emmet. An opening one and one-fourth inches in length on the vaginal surface and three-fourths of an inch in the urethral wall was made, and the superfluous mucous membrane both from the urethrocele and from the mouth of the urethra drawn through the vaginal aperture and the sutures put in before cutting away the redundancy of tissue. Seven sutures were applied, and a perfect result was obtained in one week. When the sutures were removed, they were all found in a space not larger than the end of my thumb in consequence of the contraction of the tissues. The woman passed her water ten hours after the operation, and continued to do so afterward without pain or discomfort. At the present time, three months after the operation, she says she is better than she has been at any other time since her last labor. I would also state that the perineum and cervix were also repaired at the same time. Silk-worm-gut sutures were used in this case.

The second case is one of great interest from a medico-legal point of view, as the cavity of the urethrocele was lined with a pus-secreting membrane. The patient, although under my care, was not examined until after the urethrocele became very troublesome. I then learned that difficulty from this source, gradually growing worse, had been experienced for four years. These facts were not ascertained until the husband had repeatedly presented himself for treatment of a mild urethritis which always developed after sexual intercourse. His condition had been attributed to other than legitimate causes. After a considerable number of attacks, he began to inquire the cause of his affliction. Having been asked the question as to "foreign relations," he stoutly denied any such cause, though he admitted that he had suffered from gonorrhoea early in life, but had been completely cured long before the time of his marriage, some fifteen years ago. He was then asked to have his wife present herself for examination at my office. I found her suffering from laceration of the cervix and a urethrocele. The urethrocele was exceedingly tender to pressure and had the feel of a fibrous growth; no fluctuation could be detected upon light handling in examination. A pus cavity was suspected from the painful character of the tumor and the husband's condition. Re-

peated attacks of urethritis following sexual intercourse indicated an unusually irritating discharge from some source, and as the mucous surface of the vagina and cervix was in a healthy condition, and the discharges mild and unirritating, there could be but one rational explanation of the husband's condition, viz., a suppurating sacculated condition of the urethrocele, with periodical discharges of pus. Examination under ether fully confirmed the suspected pathological condition. The urethrocele was thickened, corrugated, and filled with purulent ammoniacal urine. The patient was placed in Sims's position, and the operation was performed as detailed in the other case, except that the pus-secreting membrane was carefully removed with the scissors, and the edges of the healthy mucous membrane were picked up with a tenaculum and the sutures of silk-worm-gut introduced as in the case before cited. A perfect result was obtained, removing all irritation of body and mind.

Dr. Joseph Price reported for Dr. Barton Hirst a cure of

Vulvo-Rectal Fistula from Violence During First Coition.

The patient, a young woman of twenty-two, presented herself at the gynecological clinic of the Philadelphia Dispensary, with the following history: Previous to her marriage, which took place eighteen months ago, she had been a perfectly healthy woman. From the first attempt at sexual intercourse with her husband, which caused her to suffer such acute pain that she almost fainted, she dates all her trouble. The sexual act was also followed by severe hemorrhage, which persisted for a month; the passage of feces and flatus per vulvam was at once noticed. Every repetition of the sexual act for the next two or three weeks was followed by renewed bleeding, and even at the present time she suffers severely during intercourse. The passage of the fecal matter through the vulva gradually increased in degree, until the rectum was evacuated entirely through the vulva. There has been entire inability to retain flatus and feces.

Examination.—The finger, on entering the vulva, passes at once into the rectum through a patulous opening of sufficient size to admit two fingers. Inspection shows a perfectly intact crescentic hymen of moderate thickness and rigidity, having a small anterior opening. Immediately in front of its posterior attachment is an irregular, transverse tear, an inch and a half in its longest diameter, with thickened and everted edges, extending backwards

and upwards for about one and a half inches, exposing to view the mucous membrane of the bowel. The vagina is small and has evidently never been entered. The operation proposed by Dr. Joseph Price, and done by him March 16, 1886, consisted in freshening the edges of the tear, partially loosening the hymen from its attachment and using it as a flap to supply the deficiency of tissue. Spotted silk-worm gut sutures were used, and the closure after the operation was complete and resulted in perfect union. This form of injury to the vulva is very rare, for although sixteen cases* of rupture of the vagina have been reported during late years as occurring during coition, only one of them, recorded by Blumenthal and operated on by Sir Spencer Wells at the Samaritan Hospital in 1860, bears any resemblance to the present case, which from the careful analysis given it by Dr. Harris is without doubt one of vulvo-rectal fistula. This form of fistula is much less common than the recto-vaginal. The case here reported is of especial interest, from the fact that the traumatism undoubtedly occurred during first coition; from the virginal condition of the hymen, and from the long time during which sexual relations were maintained under circumstances which must have been disagreeable to both husband and wife. There was no sign or suspicion of specific taint in either man or wife.

Dr. Harris remarked that he had seen and examined the patient and was struck with her emaciation, inquired of her sister if she had not lost a great deal of flesh since her marriage. This brought out three photographs, all of which represented a short woman of full habit, one of them having been taken two months before her marriage. The sister stated that the patient had no control over her evacuations from the rectum, and that she was being constantly soiled by their escape. But for the fact that the husband had been deprived of his prepuce in infancy, thereby rendering the penis callous, by the exposure of the glans to the air, it is hardly possible that he could have forced the organ through the flesh as he did, without so much personal suffering as to compel him to desist. Possibly also the tissues penetrated may have been less resist-

* Paul F. Munde, 2 cases, Boston Med. and Surg. Jour., '85.
Zeiss, 2 cases, Centrabl. f. Gynækologie, 1885.
Chadwick, 1 case, Boston Med. and Surg. Jour.
Colles, 1 case, London Med. Times and Gazette.
Schroeder, 1 case, Gynecology, last edition.
Blumenthal, 1 case, London Med. Times and Gazette, 1869.
Thompson, 1 case, Medical News, 1885.
Ross, 1 case, Canadian Med. and Surg. Jour.
Nassalitinow, 1 case, Centrabl. f. Gynæk.
Kleinwächter, 1 case, Wien. Med. Wochenschr., 1885.
Cayley, 2 cases, Indiana Med. Gaz., 1872.
Neumann, 1 case, Lecture in Allgemeines Hospital, Vienna.

ing than normal. As the arm of a foetus has been known to perforate the rectum and protrude at the anus during labor, without laceration of the perineum, there must be in some women a much less than usual strength in the rectal wall. In considering the emaciation of this woman during the eighteen months of her married life, the question naturally arises, was this condition due to the want of rectal alimentation, to the constant loss of fecal matter, or to the depressing effects of her condition, weakening her appetite and rendering her life miserable? The opening through the fossa navicularis into the rectum, corresponded exactly with some of the cases of congenital malformation which Dr. Harris had met with, and particularly with one in a large stout primipara. In her, however, there was a slight anal sphincter, and except when affected with diarrhoea, she had control over her evacuations. The only case upon record which corresponded to this was operated upon by Sir Spencer Wells, in December, 1859, at the Samaritan Hospital.

Dr. Price remarked that eighteen gut sutures were introduced in closing the wound.

Dr. Chas. Meigs Wilson exhibited a
Fibroid Polypus of the Uterus.

This specimen was removed three weeks ago from the uterus of a patient with the following history: For the past three years she had been flooding almost constantly. Her flow had increased regularly at her catamenial periods, and at no time had it entirely ceased. She had suffered all that time agonizing pain, greatly increased during the menstrual period. The continued loss of blood had reduced her weight one-fourth, and the continued anemia of her nerve-centres had produced characteristic effects. During all this time she had had given her all the agents of the pharmacopœia vaunted for their efficacy in controlling uterine hemorrhage. But the cavity of the uterus had never been explored, save in a desultory way with a sound. When first seen she was extremely anæmic, emaciated, troubled with insomnia, and had a very irritable stomach. The uterus was dilated with the Elwood Wilson curved dilator. The growth, then readily seen, was grasped with a volsella, and dragged as far as possible from the uterus; a curved, crescentic-shaped, probe-pointed bistoury was then made to sweep over the surface of the growth until it came in contact with the sessile attachment of the tumor, which was severed with a sawing movement of the knife. Prior to the operation large doses of the fluid extract of ergot were given

to the patient for forty-eight hours, in order to insure powerful contraction of the uterus after the tumor was removed. Immediately after the ablation of the growth, the cavity of the uterus was smeared with a solution of one part of Tait's iodine and two parts of pure carbolic acid. During the operation the patient lost half an ounce of blood. The removal of the tumor would undoubtedly have been accompanied by excessive hemorrhage had not the precaution been taken to secure prompt uterine contraction by the previous administration of ergot. The patient made a happy recovery, has lost no blood at all since the operation, has gained in weight, and improved in appetite. The case carries with it its own lessons. All the fruitless medication and the long period of suffering and distress might have been avoided had her medical attendants at the beginning dilated and explored the uterine cavity, removing the cause of the hemorrhage, instead of temporizing and making use of methods which at best, in cases of continued hemorrhage from the cavity of the uterus, are of a prophylactic nature. The polypus when fresh was four inches in length, two and a quarter in breadth, and one and three-quarters in thickness.

Dr. Goodell thought it was an error to expect hemorrhage after the removal of uterine fibroids. Velpeau had removed a very large number of these tumors, and his method had been to cut them away by means of a knife, and yet he had hemorrhage in two cases only. Dr. Goodell has removed very many of these tumors, and has employed every method; he has never had any trouble from hemorrhage. In Constantinople, while young in experience, and in consultation with another very young man, he saw a case in which auto-enucleation had commenced. The tumor was too large for removal by means of the ecraseur, as the vagina was so filled up that the wire could not be got up to the base of the tumor. They concluded to cut off all they could get at, and then gave ergot. The next day another large slice was removed, and at the end of a week they succeeded in dividing the false pedicle, and all was safely removed without any hemorrhage whatever. Since then he has ceased to fear hemorrhage, and thinks a danger is incurred by the use of ergot in causing contraction of the cervix uteri and incarcerating the tumor. He removes many submucous tumors by dilating the cervix with his dilator, passing in the polypus forceps, and accomplishing the diagnosis and removal at the same time, the

latter being effected by twisting. When he has recourse to the ecraseur, he now uses the finest piano-wire, which is more efficient than the heavier, and less likely to break. He first pushes the ecraseur up to the fundus uteri with the wire bent over, and then coaxes the wire up, and in this way has little trouble in getting it around the base of the tumor. Before tightening the wire he removes traction from the tumor, and pushes up with the ecraseur, so as to correct any inversion of the uterus that may have been caused in pulling the tumor down. Now when the wire is tightened the tumor will be divided without fear of injuring the uterine tissue.

Dr. Howard H. Kelly said the choice of method in these cases should depend largely upon the individual peculiarity. Chassaignac's ecraseur has rendered him good service in these polypi having broader bases of attachment, but when this is at the fundus and a large tumor chokes the vagina or cervix uteri, the difficulty of satisfactorily fixing the loop is very great. The chain added to the ecraseur by Marion Sims is serviceable, but nothing will compare with the flexible, easily-adjusted wire of a Braxton-Hicks ecraseur. Where the pedicle was neither large nor dense, he has had great satisfaction in the use of phosphor-bronze wire, which is so much more easily manipulated than piano wire. Scanzoni's plan of cutting the tumor off when the pedicle is long is excellent and safe. It goes without saying now, that rigid antiseptic precautions should accompany any such operation.

Dr. Parish did not think there was much difference in the methods of different operators. He never gives ergot before any intra-uterine operation in which he wishes relaxation of the cervix. With the ecraseur he uses wire, and introduces it in the manner described by Dr. Goodell, and uses jeweler's pliers to manipulate the wire, pushing it up and around the tumor. He has no fears of sepsis if all the tumor be removed, but he takes the precaution of injecting a very hot solution of mercuric chloride after operating.

Dr. Montgomery has had free hemorrhage after removing uterine fibroids by means of the ecraseur. This hemorrhage was so free in one case that hot water injections would not control it, and Monsel's solution was applied with success. He, however, would not give ergot beforehand, for fear of causing rigidity of the cervical tissues. In one instance a large piano wire snapped several times on account of the firm, dense character of the pedicle, and he had recourse to cutting

away portions of the tumor, the remainder being thrown off by natural action. The tumor had been adherent to the posterior wall of the uterus, and had been partially enucleated before operation. The patient was very weak, and septicæmia and death resulted. In a case in which he used the wire ecraseur a portion of the tumor was left; it was thrown off by auto-enucleation, and was very offensive. The patient did not suffer from sepsis, but having wounded his own finger with a tenaculum in its removal, he was very sick in consequence. He thinks the spoon curette, or saw, would be the best instrument in the enucleation of large fibroids.

Dr. Goodell carefully cleanses out the vagina before and after operation. He formerly used carbolic acid, but now prefers the mercuric chloride. He prefers the high-note piano wire, which has never broken in his hands, as it cuts as well as crushes.

Dr. W. S. Stewart is glad to hear about the greater strength of the small piano wire, as he has been using triple-twisted wire, and has been much troubled by its breaking, so that he has given it up for the chain. He had mentioned his trouble to Gemrig, who recommended iron wire, which has been answering a very good purpose. He much prefers Labarraque's solution of chlorinated soda as an antiseptic and disinfectant.

Dr. Goodell remarked that the finer piano wire was not stronger, but was more efficient, as it cuts more easily through the tissues. Twisted wire will break more easily than single, because the strain on the different strands is unequal.

Dr. Baer agrees with Drs. Goodell and Parish as to the inadvisability of using ergot before operating. He has given up the ecraseur, on account of the difficulty attending the breaking of the wire. He is now in the habit of pulling down the tumor and removing it piece-meal. He uses vinegar, if a styptic is needed.

Dr. Wilson has seen one death follow the use of the ecraseur, and has had trouble in adjusting the wire; the liability of removing uterine tissue by the wire is a great danger. He thinks it better to drag the tumor down and cut it off in pieces. He feared hemorrhage in this patient, on account of the fearful loss of blood which she had already sustained. He considered prophylaxis the safer course.

Vaginal Hysterectomy.

Dr. Wm. Goodell exhibited a womb which he had removed per vaginam. The woman had been brought to him by Dr. F. R. Ger-

hard, of Douglassville, Pa. She was sixty-five years old and had given birth to twelve children. She had a hypertrophied elongation of the womb, the sound giving a measurement of minus five inches; her cervix was outside of her body, and it was very greatly enlarged in every direction by a carcinoma. On March 10, before the students of the University of Pennsylvania, he amputated the cervix after applying an elastic ligature; but finding that Douglass's pouch had been opened, he concluded to perform the radical operation. The womb was accordingly retroverted, its attachments to the bladder severed, the broad ligaments tied *en masse*, each with two strong ligatures, and the womb removed. The large gaping wound was closed by seven wire sutures, leaving only a small opening through which the ligatures passed, and acted as drainage tubes. Sublimated cotton was lightly packed into the vagina. This was removed twice a day and the wound syringed out with a one-to-two-thousand solution of mercuric chloride. On the next day, the temperature rose to 100.2°, but it never after that day reached 100°. The sutures were removed on the fourteenth day, and with some difficulty, as they were now high up in the apex of a cone-shaped vagina. She was able to go home on the twenty-third day after the operation.

Dr. H. A. Kelly remarked that he wished in this connection to emphasize a point of vital importance in every operation where there is either artificial or pathological descent of the cervix proper. The slightest traction, elongating the cervix, draws the vaginal vault down over the displaced supravaginal portion, like the finger of a glove, and unless especial care is directed to this point, there is imminent danger of scalping the vagina in any operation then performed on the cervix. In lacerated cervix, particularly where Dawson's scissors are used (and great downward traction is fashionable), and the bases of the broad ligaments are opened in this way, and in amputation intended to be limited to the infra-vaginal cervix, as in this case of Dr. Goodell's, either the scalping process lays bare a broad tract of areolar tissue in the vault around the cervix, or, worst of all, Douglass's pouch is laid open. It is unnecessary to enlarge upon the greatly-increased dangers of septic infection. He would ask Dr. Goodell in regard to the after-treatment of this case. In the latest contribution to this subject by Dr. Brennecke, of Magdeburg, in the *Zeitschrift für Geburtshilfe und Gynecologie*, he clearly

shows that those cases ran a most favorable course in which the iodoform tampon was not removed for six or seven days, and that syringing after operation with a view of carrying off foul discharge is a pernicious practice, as it separates the peritoneal surfaces which have just formed delicate adhesions, and breaks up the early steps of repair, without the possibility of accomplishing its purpose. A point well worth attention is Brennecke's method of dealing with the upper part of the stump of the broad ligaments which are caught in stout ligatures. Experience has shown that the distal end is very apt to slough, and to secure an immunity from dangers of sloughing, Brennecke ties the ligatures of opposite sides across, and everts the two stumps, thus fastened together, into the vagina where they cannot do harm, and help form a plug for the wound.

Dr. Montgomery questions the propriety of total extirpation of the uterus. How long is the patient likely to live after this operation? If partial removal gives equal relief from the disease for which the operation is performed, and an equal or greater chance for a prolongation of life, it is to be preferred as the least dangerous. Hoffmeier, in a summary of German gynecological work, opposes total extirpation if it can be avoided. He reports 145 cases of partial, and 39 of total removal of the uterus. Ten of each series were fatal. In six of the partial cures the result was unknown. Of the total removals six only were living at the end of two years, and none at the end of three years; while of the partial, six still lived at the end of the fifth year. Following the plan suggested by Sims and Van de Warker, in cases of malignant disease of the cervix, Dr. Montgomery makes an incision into the uterus at the vaginal junction and dissects upward as closely as possible to the peritoneal surface, while making traction on the cervix; thus, as it were, enucleates the uterus, leaving a very thin wall; he then stuffs this cavity with a mixture of equal quantities of zinc chloride and water on cotton tampons, to cause a slough of any diseased tissue that may have been left behind. If by chance the sloughing should perforate the peritoneum, the previous inflammatory exudation would save the peritoneal cavity from invasion.

Dr. H. A. Kelly does not wish the claim of an eminent American surgeon to priority in this matter to be forgotten. The credit of originating the highest practicable cone-shaped amputation of the uterus, and establishing its great utility, its safety and rela-

tively greater success, is due to Dr. Baker, of Boston. He uses no cautery, and controls hemorrhage perfectly by the effect of the strong downward traction upon the vessels.

Dr. Parish mentioned an earlier operation by Hirth, of San Antonio, Texas, who practiced the method, described by Dr. Montgomery, of enucleating the uterus from its peritoneal covering. He divided the vaginal mucous membrane, and gradually shelled or scooped out the uterine tissue. The operation was accompanied by great hemorrhage.

Dr. C. M. Wilson thought such an operation very dangerous, and liable to be followed by secondary hemorrhage. He has in two cases after Dr. Baker's method used a hot tamponade of the uterus and vagina after the operation. Dr. McCormick, of London, packed the stump with bandage or gauze filled with iodoform, and allowed it to remain undisturbed for nine days. This was perfectly sweet when removed, and is a good and safe plan of after-treatment.

Dr. Goodell said the method of Brennecke's of not washing seemed to him to be undoubtedly a good one, and he would in future adopt it. He once had an alarming hemorrhage from the division of a large vessel after a hole had been accidentally made in Douglass's cul-de-sac in the high amputation. Consequently, he could not pack the vagina for fear of forcing blood, etc., into the peritoneal cavity, and he had to control the bleeding by twisting a wire around it. He generally uses Paquelin to control hemorrhage in these cases, and has operated upon at least 200 with only four deaths. Neither of the fatal cases were high operations. One death was from secondary hemorrhage, one from tetanus, one from a frank peritonitis, and one from septicæmia. He thinks the high operation the most feasible one in the majority of cases in which the womb is movable, and he has extirpated the womb but twice for carcinoma.

Dr. H. A. Kelly exhibited the sac of an **Ovarian Tumor that Weighed, at Removal, 100 Pounds.**

Dr. Goodell congratulated Dr. Kelly upon his success in removing such a large tumor. He, Dr. Goodell, had on one occasion removed a tumor weighing 112 pounds from a woman who, after the operation, weighed only 74 pounds. As in Dr. Kelly's patient, the tumor reached the patient's knees and she could not lie down. After the operation, the large folds of the stretched skin were a great annoyance, but after some months it had entirely contracted. The patient made a complete recovery.

Dr. M. Price had been present at Dr. Kelly's operation. A large vein was torn and a stream of blood as large as his finger poured out. The patient collapsed instantly and Dr. Price thought her dead, but he was surprised and pleased at the effects of a hypodermatic injection of f.ʒj. of sulphuric ether, which restored the pulsation quickly.

(To be continued).

CHICAGO MEDICAL SOCIETY.

(Concluded from page 750.)

Dr. R. Tilley said he did not consider electrolysis to be the proper term to be used in connection with the use of electricity in the manner suggested. Electrolysis, in the ordinary acceptance of the term, means the decomposition by electricity of water, or tissues, being in the nature of a chemical decomposition. He would like to know how far apart the electrodes were placed. (Dr. Belfield replied that the negative electrode was placed in the urethra, and the positive pole in any position on or near the penis, according to the effect intended.) He could not see how electrolysis could be produced with the electrodes so far apart, and a weak fluid, without a cauterizing effect. From his extensive experience of cocaine in producing contraction of the tissues in the nose, he would expect to secure as good, if not better results, reasoning by analogy, in its use in strictures of the urethra as in the use of electricity. He would think its internal application would be followed by wonderful results.

Dr. W. T. Belfield closed the discussion by saying that in reply to Dr. Fenger's criticism that these strictures were not impermeable, he would remind him that he called six of them "theoretically permeable, practically impermeable;" that is, a feeble stream was forced through, but no instrument could be introduced. The remaining three were absolutely impermeable to urine as well as instruments. They were water-tight, the bladder in each case being immensely distended. Dr. Fenger, in the cases where he attempted electrolysis, evidently made the usual mistake: he employed a strong current and cauterized, but did not electrolyze, the stricture. With a proper current he would probably have a better result. Sir Henry Thompson and Prof. Dittel do not, it is true, endorse electrolysis; but he knows that neither of them has ever fairly tried it; they have contented themselves with the vague, unfavorable verdict of those who,

having once or twice misused the current, attribute to the battery the faults which belong to themselves. Thompson's conservatism and intolerance are notorious; he bitterly opposed Bigelow's litholapaxy (without trying it) until it was adopted by everybody else. Possibly, as Dr. Fenger says, there is no "urgent necessity" for any other method than urethrotomy and dilatation; but surgeons who have to treat many such strictures as those described in the paper under discussion, think otherwise. These methods certainly possess one point of national economic value which electrolysis lacks, namely: they assist in repressing the excess of population by quietly removing many patients.

Electrolysis "bobs up" and down only when ignorantly used; when properly employed it comes to stay.

To Dr. Tilley he would say that the action is properly termed "electrolysis;" it is the same effect as is seen in the decomposition of water, and is produced by the same current. During the action of the current a white foam and bubbles come up alongside the instrument. Cocaine causes contraction of blood-vessels in the urethra as well as in the nose; but it cannot, so far as he is aware, remove cicatricial tissue in either locality.

In conclusion, he would repeat that the secret of success lies in securing chemical force and avoiding heat; the former removes the stricture easily and painlessly, the latter causes violent inflammation and sloughing.

Osteo-plastic Resection.

Dr. C. Fenger then presented a patient before the Society with the following words: I wish to bring this patient before the Society to illustrate the results of an operation called "osteoplastic resection of the foot," and devised by Wladimiroff and Mikulicz. The operation consists in removal of the heel, soft parts and bones, and then uniting the remainder of the foot to the tibia in the position of an artificial *pès équinis*. As you will see, the patient has on a plaster cast from the toe to below the knee, and is able to walk in this cast without crutch or cane. He limps because the leg operated upon is two inches longer than the other one, and not because of inability to step on the leg. He will have in future to wear a high sole or heel under the well foot. While this plaster cast is being taken off, I shall pass round the specimen of the removed heel and say a few words about the operation.

The patient had suffered for one year from a chronic traumatic osteomyelitis of the tarsus, resulting in ankylosis of the joints, fis-

tulae on dorsal side of tarsus, and a loss of substance of the skin of the heel. Piragoff's or Syme's operation being out of the question, the choice was only between a supra-malleolar amputation and the osteoplastic resection. This operation was performed fourteen months ago. Union of the bones took place in four to six months, and it is only the subsequent small operations for bringing the toes in dorsal flexion that have required so long a time before the patient has been able to commence to walk.

The plaster cast being now removed, you will find the foot in the axis of the leg in equinus position, the toes dorsally flexed to a right angle with the foot. There is active flexibility of the toes and some active mobility of the foot. This mobility, however, does not take place between the united surfaces of the tibia and fibula on the one side, and the scaphoid and cuboid bones on the other, as can be seen by examining the prominences representing the rudimentary newly-formed malleoli—but the mobility takes place in the joints of the metatarsus. As to the question whether these joints will be able to bear the strain of the weight of the body during walking with the foot in this abnormal position, this patient of course proves nothing as yet. But from the other cases operated upon, in all nineteen, we can conclude that we have the right to expect a useful foot for walking. A patient operated upon by Socin, in Basle, is able without boot—the boot devised by Mikulicz, which I now pass round for inspection—or cane to walk, but can walk all day long and perform a farmer's work in the field. You will further notice that the walking surface of the foot, being the plantar surface of the heads of the metatarsal bones and the toes, is considerably larger than the surface which either a Syme's or a Piragoff's operation would leave the patient to walk on. This, together with the active mobility of the toes, is regarded as an advantage that functionally places the osteoplastic resection superior to the two other operations mentioned.

We find by examining the foot everywhere painless on pressure, and consequently there is nowhere any recurrence of the disease.

Mikulicz feared that the anterior tibial artery might not be sufficient for the blood-supply of the foot, his method of operating dividing all the branches of the posterior tibial artery. I had the same apprehension, and changed the incision so as to save one of the terminal branches of the last-named vessel, namely, the internal plantar artery.

This fear is not unfounded, as in one of Sordina's cases operated upon according to Mikulicz's description, gangrene of the foot necessitated supramalleolar amputation on the fourth day. The mortality of the operation is as yet none, but as all the nineteen cases have fallen within the last few years except Wladimnoff's, and consequently have been treated antiseptically, it cannot be said that the danger is less than either in Syme's or

Piragoff's operation. There is no doubt that the functional results are far superior to that of a supramalleolar amputation, even if the patient will always have to wear the Mikulicz boot. Consequently it may be safe to say that osteo-plastic resection has already a legitimate place, although perhaps as yet not strictly enough defined, in the surgery of the tarsus.

The Society adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

Hair-pin in the Sigmoid Flexure.

In the *Rev. Med. de l'Est*, Dr. Th. Weiss reports an obscure illness in a boy æt. twelve. The child when first seen was lying with the left thigh flexed, adducted, and slightly rotated inwards; his face was pale and anxious, diarrhoea was frequent, and there was some fever towards evening. Hip disease was diagnosed, and under chloroform the limb was put up in silicate, its position being previously corrected. Some days afterwards, a collection of pus formed in the lumbar region behind the iliac crest; on being opened much pus escaped, and it was found that the finger could be swept over the iliac fossa, but no foreign body was felt. It was now thought that the abscess was caused by inflammation extending into the cellular tissue around the sigmoid flexure, and that it had probably started in the gut. Another abscess formed and was opened by the great trochanter; about a month afterwards, December, 1883, the discharge from the lumbar wound became fecal, and soon all the feces were passed through this opening. Matters continued thus till the child was attacked with erysipelas, after which the sinuses almost closed. In January, 1884, the boy was up and continued well till May, when both fistulæ broke out again, giving exit to pus and feces. In a short time the symptoms subsided, but in July a third and similar attack nearly terminated fatally, owing to the profuseness of the suppuration. In August a fresh abscess was discovered in Scarpa's triangle; this was opened, and while trying to pass a drainage tube through to the lumbar incision a hard body was found, which on removal was found to be a very distorted and roughened large hair-pin. The boy, on being questioned, remembered that three years pre-

viously he had endeavored to relieve some anal itching by scratching himself with a hair-pin; this suddenly disappeared and he thought it had fallen on the ground, and as he experienced no trouble, the fact escaped his memory till he again saw the pin. Eventually the boy made a good recovery and could walk fairly well, the thigh being still a little flexed on the abdomen, though this is improving under extension by night. In commenting on the case, Dr. Weiss states that at one time he suspected that a foreign body taken through the mouth might be the cause of the mischief, but he gave up this view owing to the body usually being arrested near the cæcum and setting up perityphlitis. It is curious that one year elapsed before any trouble ensued, and two before the abscess formed. Poulet affirms that this tolerance by the rectum of foreign bodies is exceptional, as surgical interference is usually necessary, owing either to intestinal obstruction or spasmodic pains. Gérard has collected thirty-four cases of the introduction of foreign bodies into the rectum; in seventeen cases they remained *in situ*, the remainder traveled to some part of the large intestine. Those which entered with the pointed end first, and whose circumference was more than eighteen centimetres, seldom reached the sigmoid flexure, because they were stopped by the point catching in the mucous membrane or by the rectal bend at the sacro-vertebral angle. The hair-pin entered by its rounded end, and so would have a natural tendency to mount towards the sigmoid flexure, as the points catching in the mucous membrane would prevent its descent. The danger of peritonitis is great, and Weiss advises that if a foreign body is detected: (1) it should be removed per rectum; failing this (2) the surgeon, following the practice of Verneuil, should perform laparotomy and push the foreign body down to the rectum,

previously enlarged if necessary by linear rectotomy. If unsuccessful, (3) by enterotomy followed by suture of the intestine.

Meningitis after Ear Disease.

Before an English medical society Dr. Michie read notes of three cases of meningitis following disease of the middle ear. The first was that of a child 14 months old, who had occasionally suffered from purulent discharge from the right ear. After the discharge had lasted sixteen days, it suddenly stopped, and cerebral symptoms supervened. The child became careless of everything around, lay in bed with the head extended and the eyes staring, took nourishment only when pressed, and had disturbed nights. The breathing became cerebral, the temperature rose to 101° Fahr., and the pulse to 130. The abdomen became retracted, and tremors of the fingers and toes were noticed. Towards the end, retinal hemorrhages were seen with the ophthalmoscope, and convulsions occurred ten hours before death, which resulted in ten days after the occurrence of brain-symptoms. The treatment consisted in the administration of grey powder and bromide of potassium, and the application of iodoform ointment to the shaven scalp. The second case occurred in a lad, aged 13, who had suffered from purulent tympanitis of the right ear for six months. Severe pain suddenly set in in the right ear, and he became pale and unconscious for a few minutes; but, on recovering, he was able to walk home. During the next four days, the pain became intense, especially over the mastoid. The tonsils and pharynx were inflamed; the watch was heard only on contact, and the perforation in the membrane was covered with granulations. The pain diminished; the patient was well for two days, when, after injudicious exposure, the pain recurred with increased severity, with intermissions and violent exacerbations, rendering the patient delirious. During the intermissions, which gradually became shorter, he was calm and rational. A prolonged rigor, followed by deep coma, came on three hours before death, which took place three days after the second attack. The third patient was a woman, aged 20, who had suffered since childhood from purulent discharge from the left ear. In 1883, a polypus was removed from the left ear. In September, 1885, along with pharyngeal catarrh, severe pain set in in the left ear and mastoid region, accompanied by high fever, vomiting and rigors; it was only partially relieved by a discharge of fœtid

pus. After a fortnight, there were marked prostration, and an oedematous condition of the eyelids of the affected side and lower half of the ocular conjunctiva, followed five days later by a herpetic eruption over the whole left side of the face. During the same time, the right side of the face became similarly affected. The herpes ran its usual course, disappearing in thirteen days. The tongue got dry and leathery, the intellect became confused, and there was marked hyperæsthesia and occasional delirium. In the fourth week the hyperæsthesia diminished, and the patient became comatose. The discs became hyperæmic, and retinal extravasations were noted. The coma gradually deepened, and death took place on the thirty-first day. Treatment consisted in frequent syringing with warm water, fomentations, and sedative applications externally, and bromide of potassium internally.

Purification of Water: its Biological and Chemical Basis.

The *Brit. Med. Jour.*, April 17, says:

In a paper thus entitled, which was read before the Institution of Civil Engineers on the 6th April, Dr. Percy F. Frankland describes his method for detecting the relative freedom from micro-organisms of different waters, or of the same water at different times, by Koch's process of cultivation upon films of nutritive gelatine. Perhaps the only weak point in Dr. Frankland's deductions, from the observed results obtained by his process, is that he asserts that the number of "colonies" of organisms produced upon the film are a direct indication of the actual number of organisms present in the original water, each "colony" being supposed by him to originate from a single organism. Now, it is clear that several organisms might be collected upon one spot of the film at the moment when the water was poured upon it; and from these, but one colony would result. However, there seems little doubt that the number of colonies must be an indication of the relative abundance of organisms in the water from which they are derived. Several very important practical results are arrived at, and emphasized in the paper. For instance, it has been found that even coarse-grained filtering materials, such as sand, are efficient in removing micro-organisms from water, although the channels which exist therein are too large to arrest mechanically the passage of these minute bodies. The same filtering agent, however, cannot be used for an in-

definite time, for the organisms diffuse out of it after awhile, and become once more distributed through the water. Dr. Frankland takes five of the London water-companies, and classifies them according to the excellence of their provision for water-purification in four particulars, namely:

1. Storage-capacity of unfiltered water.
2. Thickness of fine sand for filtration.
3. Rate of filtration; and,
4. Frequency of renewal of the filter-beds.

And he finds that the number of micro-organisms found in the water supplied by these companies is smaller in proportion to the perfection of their arrangements in these four points combined. It is to be hoped that the nature as well as the number of the organisms present in drinking-water may be studied more universally than hitherto, by the aid of Dr. Frankland's process, which seems to be simple and practicable.

Hysteria and its Relation to Diseases of the Uterine Appendages.

Dr. S. C. Gordon thus concluded a paper before the American Medical Association:

1. That these (so-called) hysterical symptoms occur almost exclusively in women. That whenever any of them do occur in men they are much less in degree, even if they do not differ in kind.

2. That it is fair to presume from the first proposition that it is due to disease of some organ or organs peculiar to women.

3. That they are not due to disease of the uterus alone, for when all apparent abnormalities of the uterus are corrected, the symptoms, very often, are not in the least relieved.

4. That all modes of treatment, other than operation, have failed to cure, and in most instances have not ameliorated, the symptoms, even where the disease was believed to exist in the uterine appendages.

5. That the large majority of all cases operated upon have been entirely cured of the symptoms for which the operation was made, and the remnant have been relieved and are continuing to improve.

6. That it is impossible, in a majority of cases, to determine by the touch, disease of these organs that will produce the symptoms alluded to.

7. That one can by these symptoms alone make a sufficiently satisfactory diagnosis to warrant the operation.

8. That if after correction of all well known and clearly diagnosed uterine troubles, these symptoms are not relieved, we are

justified and required, for the cure of our patient, to recommend this remedy.

9. That the operation does not in any case destroy the sexual desire, or in any way unsex the woman, except so far as it may prevent further child-bearing.

10. That in a majority of cases requiring the operation the woman is already sterile.

11. That in my own experience the specimens removed have been found so changed by inflammatory action as to be cirrhotic, or otherwise destroyed, either by softening or cystic degeneration of both ovaries and tubes, with very frequent stenosis of the latter.

12. That a fatal result from the operation is extremely rare, if it is carefully performed and closely and intelligently managed as to the after treatment. In the twenty-five cases operated upon there has been but one death.

Manicure.

The *New York Analyst* says: There are not nearly as many secrets in manicure as people imagine. A little ammonia or borax in the water you wash your hands with, and that water just lukewarm, will keep the skin clean and soft. A little oatmeal mixed with the water will whiten the hands. Many people use glycerine on their hands when they go to bed, wearing gloves to keep the bedding clean; but glycerine don't agree with every one. It makes some skins harsh and red. These people should rub their hands with dry oatmeal, and wear gloves in bed. The best preparation for the hands at night is white of egg, with a grain of alum dissolved in it. Manicures have a fancy name for it; but all can make it and spread it over their hands, and the job is done. They also make the Roman toilet paste. It is merely white of egg, barley flour, and honey. They say it was used by the Romans in olden time. Anyway, it is a first-rate thing; but it is a mean, sticky sort of stuff to use, and don't do the work any better than oatmeal. The roughest and hardest hands can be made soft and white in a month's time by doctoring them a little at bed-time, and all the tools you need are a nail-brush, a bottle of ammonia, a box of powdered borax, and a little fine, white sand to rub the stains off, or a cut of lemon, which will do even better, for the acid of the lemon will clean anything. Manicures use acids in the shop, but the lemon is quite as good, and isn't poisonous, while the acids are.

Shoulder-joint Friction and Incipient Phthisis.

Dr. Angel Money thus writes in the *Brit. Med. Jour.*:

My object in this brief communication is to draw attention to a certain physical sign that not unfrequently leads to error. As the first physical sign of incipient phthisis is frequently a mere adventitious sound heard over some part of the apex of the lung, and as the friction produced in the shoulder-joint by breathing often imitates very closely these pulmonary adventitious sounds, it is not difficult to understand how mistakes in diagnosis should occur.

I think that there are good grounds for believing that lives are sometimes rejected at insurance offices from want of knowledge on this point.

The sound produced at the shoulder-joint is almost always of a dry quality, rather creaking than crepitation; but its character varies considerably. It is difficult to prevent its occurrence in those subjects in whom it is heard; so that fixing the joint hardly aids one much in the diagnosis. But the sound is always loudest over the joint itself, and is better conducted along the bones than along the muscles, over which it is usually faintly heard; but in some instances it may even be audible over the pectoralis major below the clavicle. An important point in the diagnosis is the character of the breath-sound at the apex of the lung; when mere joint-friction is heard, there is of course no prolongation or increased loudness of the expiration. This friction-sound, simulating pulmonary adventitious sounds, was first pointed out to me, and, so far as is known, was first drawn attention to, by Dr. Gowers, in his class of clinical medicine at University College. It is of frequent occurrence, and especially, I think, in patients who have suffered from "rheumatism." I have not heard it often in children, and less often in women than men. There can be no doubt that the practical physician must have become acquainted with the sound, even though he may not have formulated his opinion thereon. If this note should lead to its wider recognition, my end will have been answered.

Hydrophobia in Russia.

In the *Russkaja Meditzina*, No. 8, 1886, p. 141, Dr. A. Bürtzeff, of Totma, Valogda Government, writes that, on November 22, 1885, seven adult men were bitten by a rabid wolf, which rapidly visited different parts of the town, and then escaped. All the patients were immediately attended to at

the local hospital, their wounds being washed out with a strong solution of carbolic acid, and then energetically cauterized with caustic potash in substance; in addition, ligatures, lotion of caustic potash, and chloral hydrate in scruple doses internally, were used. In three of the patients, hydrophobia appeared on the thirty-fourth, thirty-sixth, and thirty-eighth days; the cases ending fatally in thirty-seven and a half, seventy-one, and sixty-five hours. Subcutaneous injection of curare did not give the slightest relief in any of the patients. According to Dr. Bürtzeff, the symptoms and course of the disease closely tallied with those described by Dr. Bristowe (see *Brit. Med. Jour.*, April 21, 1883, p. 760); that is, there were present intense pain in the wounds; general hyperæsthesia; violent dyspnoea of the muscles of deglutition and respiration; thirst, with inability of swallowing either solids or fluids; effective insanity, etc. In two of the patients, a tendency to bite everybody, and to gnaw everything within their reach, was observed. The remaining four patients bitten are still in good health. In conclusion, the author lodges a complaint against the freedom with which wolves, rabid and healthy alike, are allowed to run and ramble about the town, no measures to prevent this being taken by the authorities. Probably, the latter will be aroused when a sagacious wolf bites or devours one of their number. Till then, the wolves will remain unmolested, and privileged in their possession of freedom.

Drenching Infants.

Dr. R. J. Peare thus writes in the *Kansas City Medical Index* for April:

The artificial feeding of infants, which for various reasons not infrequently becomes necessary for short periods, is often perplexing. The child, with the greatest obstinacy, presses the tongue against the palate, and effectually obstructs the passage of the milk. When swallowing is induced under these circumstances most of the food is extruded from the mouth, and very little reaches the stomach. How much nourishment the child really receives becomes a matter of great uncertainty. But while every effort is being made to sustain it, and the impression exists that it is sufficiently fed, it on the contrary visibly emaciates. To overcome this trying difficulty, I have resorted in a few cases, greatly to my satisfaction, to drenching through the nasal passage. The milk is first warmed to blood heat, and then, with a spoon rather pointed, poured gently into the

nose, the child lying on its back during feeding. By this method the milk passes down behind the tongue, and is beyond the control of the child, except in so far as it might bring the soft palate into action, thereby closing the posterior nares; but this is not likely to occur. Contrary to what might be supposed, strangling does not arise from this method, the breathing not seeming much disturbed by it. Among its advantages, not the least is that the exact quantity of food taken may be known, for with careful management none of it need be spilled. These suggestions may prove serviceable to others.

Proper Diet for Children.

Technics gives this excellent advice from the pen of Dr. Arthur V. Meigs:

Children under two years of age are generally best fed on milk and milk foods, and the less this is departed from, as a rule, the better. Under this age they should never be taken to the table, for it only gives the child a fancy for articles of diet which, if it never saw, it would never want. In the great majority of cases, children have not much desire for animal food of any sort until the first dentition is over, unless the craving is fostered in them by their being given one thing and another to eat, and thus there is created what is almost an unnatural appetite. This, of course, is not intended to be an absolute rule, for many children want, and seem to need, after the first year, a meal once or twice a day of something besides bread and milk. But no mother should feel uneasy if her child takes almost nothing but milk and bread and butter until after it is two years of age.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—In a paper before the Clinical Society of Maryland, Dr. Wilmer Brinton, of Baltimore, describes several cases of puerperal eclampsia. His principal reliance was upon the lancet, and the results were satisfactory.

—The pathology of hemianopsia of central origin is ably discussed in an illustrated paper of some length by Dr. E. C. Seguin, of New York, reprinted from the *Journal of Mental and Nervous Disease*.

—The importance of improvement in museums of vertebrates, when such collec-

tions are destined for educational purposes, is strongly set forth by Dr. Burt G. Wilder in a reprint before us.

—A description of the preservation and use of the original Jennerian virus in the public vaccinations in the city of Providence, R. I., is an interesting extract from the annual report of Dr. Charles V. Chapin, of Providence. It argues against general compulsory vaccination of adults.

—A series of extracts from the Biennial Report of the Board of Health of Louisiana, Dr. Joseph Holt, President, form a pamphlet of 44 pages. The extracts refer to quarantine, protection against cholera and yellow fever, suggestions to transportation companies, etc.

BOOK NOTICES.

Dictionary of Practical Surgery, by Various Hospital Surgeons. Edited by Christopher Heath, F. R. C. S., etc. Two vols. in one, Pp. 970 and 884. Price, cloth, \$7.50. Philadelphia: J. B. Lippincott & Co., 1886.

The articles in this extensive work have been prepared by various British surgeons, all within the last two years, and from the well-known names which are appended to the articles, it is evident that no pains have been spared to secure the best talent, and thus to render the treatise one of the first order of merit. In view of the great size of most treatises on surgery, there are decided advantages for some purposes in adopting the alphabetic arrangement, although it cannot be said to be either philosophical or scientific. It is simply more convenient, and in these busy days this makes amends for a great deal else.

The pages are in double columns, rather closely printed, and it has not been found practicable to insert any illustrations, which is to be regretted. All the topics which one could possibly connect with surgical science are to be found, and each is treated with considerable fullness. There is necessarily more or less repetition, this being inevitable in a book built on the alphabetic plan. But the editor has reduced this considerably by cross references. The paper is thin and strong, and thus the volume of nearly two thousand pages is by no means excessive in bulk. It is well calculated to attain the object desired, that is, to provide the busy practitioner with immediate information as to the diagnosis and treatment of surgical diseases and injuries.

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A NEW FAT.

Some time ago Prof. Liebreich, to whom we owe the introduction of hydrate of chloral into the pharmacopeias, discovered a new fat, lanolin, which, similar in its action and properties to vaseline, still seems to be far superior. At the February meeting of the Berlin Medical Society, Dr. Lassar, the eminent authority on skin diseases, reported on the effect of this new fat.

He first mentioned the various exanthemata, which may be induced in persons with a sensitive skin after the employment of the various fats now used in the preparation of salves, vaseline not excepted. Before he, therefore, began his investigations concerning the action of lanolin, he tried to convince himself that the individuals serving for his experiments showed an even behavior under the use of various fats, when rubbed into the skin. The results of his observations were as follows:

Lanolin, if slowly moved along the skin, totally disappears under the finger. That all of it is absorbed, is proved by the fact that the skin does not assume a shiny look, and that a piece of silk tissue paper receives no fat spot when applied to the skin immediately after the inunction with lanolin. An old popular remedy in pustular eruptions of the hairy covering of the scalp is: Hydrarg. sulphurat. rubr., gr. 16; sulphur. sublimat., 6 drachms; adip. suff. to make 2½ ounces. This if made with lanolin instead of lard acts like a charm; even if applied to the dead skin, the particles can be traced into the corium.

The pustular eruptions of childhood are often very stubborn. Lassar found a two per cent. salicyl-lanolin so effective that it surprised him; in the 11 cases in which this was employed by him, a perfect cure was established within a few days. In the case of a girl with extensive impetigo contagiosa with thick scabs, a cure was established within ten days by the use of a lanolin paste: Acid. salicyl., 32 gr.; lanolin, 2 oz.; oxide of zinc. amyllum, 55 6 drachms.

A carpenter, who had long been suffering from a weeping eczema of the lower extremities, and in whose case no remedy seemed to have any effect, recovered within two weeks by the use of lanolin alone. Still more effective was the treatment in a case of the gravest form of pityriasis versicolor, the patient having suffered for years with the most excruciating itching, and though treated at different skin clinics, never succeeded in having the disease even ameliorated. Three in-

unctions with the following established a radical cure:

R. Acid, salicyl.,	32 gr.
Sulph. præcip.,	160 gr.
Lanolin ad.,	4 oz.

In all other cases in which lanolin was tried, it proved not only a valuable adjunct to all remedies used in skin diseases, but it showed also its extraordinary power of being absorbed. In no single case did it cause irritation, and at the same time atmospheric influences seem not to change it.

The drug has already reached our country, and our specialists in skin diseases may have an opportunity to convince themselves of its great value, though the name of Lassar is enough to guarantee it. He presented the patients treated by it at the meeting of the Berlin Medical Society above mentioned.

EXPERIMENTS ON A DECAPITATED HEAD.

The French physicians, Drs. P. Reynard and P. Loge, had the opportunity to be present at a decapitation by the guillotine and to make experiments on the body from the moment of execution. They first observed a contracture of all the muscles of the face and of the body, suddenly beginning with the drop of the blade, and continuing for several minutes. During this time it was utterly impossible to flex the legs either in the hip- or in the knee-joints, or to open the eyelids and to retain them open. In this respect, Prof. Martin, who reports the observations of Drs. R. and L. in the *Centrbl. f. d. Med. Wiss.*, 1886, November 14, remarks, that the exact place where the head was separated from the body should have been noted, for he once was present with Prof. Rossbach at a decapitation where the division occurred between the fourth and fifth cervical vertebra. The trunk dropped down lifeless and with every muscle relaxed, simply obeying the law of gravity, while the head continued for one and a half minutes to make dyspnoea-like respiratory motions, just like a person who, when suffering from the most intense dyspnoea, would endeavor to breathe.

The first experiment, instituted by Drs. R. and L., thirty-two minutes after the drop of the fatal blade, consisted in electrical irritation of the vagus—never controlled by the observation of a differential hydromanometer which had been fastened in the trachea; at each irritation the index showed plainly a movement proving a diminution in the volume of the lung; both pleural cavities were well expanded. Direct irritation of the

lung-tissue had the same effect. When thirty-five minutes after the execution the abdominal cavity was opened, the intestines seemed in a state of rest; contact with the air made no impression on them. Both vagi were now irritated, and the whole intestinal canal, from the stomach (which was empty) to the transverse colon, at once began an active motion. The stomach was next opened; at every irritation of the vagi the mucous membrane folded itself, and was covered all over its whole surface with minute drops of gastric juice.

Though all reflex experiments were started immediately after the removal of the body from the guillotine, no reflex movements could be produced by the most powerful electrical irritations; irritation of the spinal medulla, after the opening of the canal, was also fruitless. The only reflex observed was a slight contraction of the pupils after their sudden exposure to strong light.

THE NEW YORK CORRESPONDENT OF THE LONDON LANCET.

Hidden away among a lot of other matter in the New York correspondence of the *Lancet* we read: "It should be understood abroad that there is no hostility of the profession in this country to the Congress; but, on the contrary, there is the most cordial feeling in its favor, and it will be well attended."

We do not know who wrote the above paragraph; but we endorse it heartily. The profession of the United States is now united, and, as a unit, cordially invites the distinguished, the lesser distinguished, and the ordinary members of the *Old World* to pay us a visit in 1887. They will all be cordially welcomed.

NOTES AND COMMENTS.

Imperfect Symmetry.

Few things in nature appear more constant and exact than that symmetry of organic form which is shown in the likeness of the several members of each two or more corresponding and similarly useful parts. The example nearest to each of us is the symmetry of the two side-halves of his own body; it usually appears perfect. And, so far as it can be tested by chemical analysis, or by the much more delicate indication of symmetrical diseases, there is a symmetry of composition as well as of shape and visible structure. In substance, as in form and size, the two halves appear exactly alike. And yet,

as Sir James Paget points out in the January number of the *American Journal of the Medical Sciences*, it is probable that their symmetry is never quite perfect. Sir James thinks that any one who will carefully compare the two or more similar component parts of himself, or of any animal or plant, or any bilateral organ of either, will find, within the general likeness, some unlikeness of size or form, of texture or color, or of all these together. Certainly it is so in the two lateral halves of our own bodies. Just as between parents and offspring, the likeness is general and constant, but never perfect, so is it between the halves of each individual. Invariably nature varies.

The phenomena of symmetrical disease, to which attention was drawn many years ago by Dr. William Budd and Sir James Paget, are now carefully studied by many; but those of the modifications of disease associated with the defects of symmetry need study, too. Sir James states that he has constantly observed them during many years, but has made no exact records of them, and can, therefore, do little more than suggest some of the lines of study which may yield to others better results than he has gained. The study should include the defects of symmetry or similarity, not only of size and shape, but of composition and of rates and methods of development, degeneration, and disease. These are too often dismissed from study when they are called "exceptional cases," a mischievous phrase if it be deemed explanatory; for it is probable that an "exception" to one rule is only an example of another rule which is as yet unknown.

Is Disease of the Uterine Appendages as Frequent as it has been Represented?

After discussing this question in the *American Journal of Obstetrics*, Dr. Henry C. Coe, of England, thus answers it:

"In conclusion, the following deductions may be regarded as legitimate:

"1. Ovarian disease is *not* as common as it has been represented; the surgeons, and not the pathologists, being responsible for the prevalence of the contrary opinion.

"2. Because an ovary is partially diseased, it does not follow either that its functions have been materially impaired, or that its removal is imperative.

"3. The expressions 'cirrhosis' and 'cystic degeneration,' commonly applied to the ovary, are mischievous terms, which are too often used in justification of *unjustifiable* operations.

"4. Actual disease of the tubes is far less

frequent than is generally believed. Lesser degrees of inflammation, especially slight 'catarrhal salpingitis,' are seldom appreciable to the pathologist, still less to the surgeon.

"5. Many of the symptoms ascribed to disease of the uterine appendages are really due to *localized peritonitis*, and will not be removed by a removal of the appendages.

"6. The physiology of the ovaries and tubes is still imperfectly understood; their pathology must then remain *sub judice*, and operations for their removal, on the ground of limited disease alone, must be regarded as largely empirical. To which I would venture to add the prediction:

"7. The present enthusiasm in this country in favor of Tait's operation will not endure, because it will eventually be discovered that the number of *permanent* cures is entirely out of proportion to the number of operations."

Can a Person Affected with Cancer be Cured?

They can be, at an early stage, by total ablation of the growth. So says Dr. Macewen in the *Glasgow Med. Jour.* It is, however, desirable in answering this question to divide those affected with carcinoma into three groups:

1. Where the carcinoma is a distinctly localized limited affection, the lymphatic glands not being involved. In such cases the removal of the whole organ in which the carcinoma is situated will, with high probability, result in cure.

2. Where the carcinoma has involved the lymphatic vessels and glands; then the chances of cure are materially diminished, as it becomes doubtful whether the whole of the disease can be extirpated.

3. When the blood has become contaminated with carcinoma, it is then absolutely hopeless; the patient must inevitably succumb.*

The Treatment of Pruritus Ani.

The *N. Y. Med. Jour.* tells us that at a recent meeting of the Société de Thérapeutique (reported in the *Gaz. Hebdom. de Méd. et de Chir.*), M. Grellety read a note on pruritus ani not dependent on any anal or intestinal lesion, and not due to the irritating action of

*Out of thirty cases of carcinoma of the mamma, I have only been able in three to say at the end of the operations that I had got beyond the disease, but those three are alive up to the present time—one six years and two five years since the operations. In one case of cancer of the tongue six years have elapsed since the excision, and he is still free from the disease.

any vulvar, vaginal, or intestinal discharge. He thinks the condition depends on a sort of transitory congestion, perhaps partly due to some irritating quality of the feces in fat or arthritic persons, and partly also to a nervous influence set in action by the emotions. He proposes, as preferable to other measures, sitz-baths and ascending ano-perineal douches, and washing the parts several times a day with a one-per-cent. solution of boric acid in tepid water, a simple enema or an ablation being taken after each stool. Finally, during the night, warm poultices or compresses wet with starch-water and covered with oil-silk should be used, followed in the morning with an enema of starch-water. In certain cases he had seen advantages from an ointment of four parts of oxide of zinc to twenty of vaseline or glycerole of starch, likewise from pledgets medicated first with belladonna, and then with cocaine (five parts to one hundred of cold cream). At the same time, the diet should be light and cooling, with the avoidance of alcoholic drinks, and the emotions should be kept under restraint.

The Disinfection of the Hands.

The *Med. News*, referring to this great desideratum, tells us that Kummel, of Hamburg, has performed an elaborate series of experiments with a view of ascertaining the best method of rendering the hands of the operator absolutely aseptic. He finds that this result is much more readily obtained, if the hands have previously been employed in the removal of bandages or in post-mortem sections. Under these circumstances the application of corrosive sublimate (1:1000) as recommended by Förster was found to be inefficient. The conditions which Kummel finds necessary for the disinfection of the hands are:

Five minutes' active and thorough washing with soap and brush in water as hot as can be borne. This is followed by a thorough brushing of the hands with freshly prepared officinal chlorine water, or with a five per cent. solution of carbolic acid, two minutes being given to this part of the process in either case. In practice, the forearm is also washed, and the need of prophylactic precautions, as to change of clothing, etc., is evident.

Pernganganate of Potash in Carbuncle.

Dr. C. M. Fenn thus writes in the *South-ern California Practitioner*:

I have reason to believe that in my practice several cases of anthrax have been ma-

terially abridged in duration, if not aborted, by the use of this remedy. The method is simple, harmless, and worthy of trial.

As soon as the vesicles give way, exposing the characteristic cribriform openings, gently express a portion of the contents of the tumor and replace with a strong solution of potassium permanganate. This may be introduced twice a day with a grooved director or hypodermic syringe.

It is understood, of course, that this salt is readily decomposed by contact with organic matter, but meanwhile something has been done to diminish the tendency to sepsis and toward "resolving the inflammation."

As carbuncle is not merely a local lesion, the systemic condition of the patient should be attended to and pain mitigated.

How do Persons Affected with Cancer Die?

Dr. Macewen thus answers this question in the *Glasgow Med. Jour.*:

There are many ways in which this comes about. Some by excessive and long-continued discharges, some by poison set up by putrid matter emanating from cancer of the tongue and mouth getting into stomach or lungs, some from stricture of various parts of the intestinal tract, others from nervous exhaustion consequent upon the fear of the disease and the constant irritation and pain often accompanying it; but the majority succumb to the influence which it exerts on the internal organs by metastatic deposits, thus interfering with the proper performance of their functions. In one case of this disease in the stomach the person died through the mucous and other coats of the organ being converted into a mass of fibrous hyperplasia, rendering it unfit to perform its functions.

The Treatment of Club-foot.

After dilating on the various means of combating this deformity (*N. Y. Med. Jour.*, April 17), Dr. V. P. Gibney thus concludes:

"From the above remarks, I would not have the inference drawn that all cases of club-foot demand extreme measures; but I would have the conclusion drawn that the successful management of this deformity depends upon the close study of individual cases, a clear anatomical diagnosis, and a faithful adherence to whatever method is adopted, recognizing and fully appreciating the difficulty in securing at all times the hearty co-operation of the parents. I would have a conclusion drawn that that method should be adopted that depends the least upon this co-operation for success."

The Preparation of Terpene.

The *Therapeutic Gazette*, March 15, says: "We have already published reports as to the action of terpene as an expectorant. The following formula is given for its preparation (*Pharm. Post*, January 23, 1886); Rectified oil of turpentine 4 quarts, alcohol, (80°) three quarts, nitric acid 1 quart. This mixture is placed in a flat porcelain vessel, and allowed to stand for several days. The crystals, which by this time have formed, are dried by pressure between layers of filter-paper, and are again crystallized out of 95° alcohol, by which means the nitric acid, which is still clinging to the terpene, is separated. About twelve per cent. of the turpentine employed is obtained as terpene."

Therapeutics of Syphilis.

Before the fifth German Congress for Internal Medicine (*Med. Record*), Prof. Kaposi, of Vienna, said that his large experience had led him to look upon syphilis, in opposition to Bärensprung and other writers, as one of the most easily manageable and often curable of the infectious diseases. The better results obtained to-day are due to our improved methods of rational, energetic, and protracted treatment of syphilis by inunction with the official ung. hydrarg., or by hypodermatic injections of the various preparations of hydrarg. He himself had a preference for the inunction method, according to Sigmund's plan, and began treatment with that in almost all cases.

Ergot in the Treatment of Dysentery.

Dr. Du Rocher (*"Prog. Med."*, Mar. 6, 1886) relates the history of a severe case of dysentery in which, after four days of unsuccessful treatment with other remedies, ergot was ordered, forty-five grains a day, in six doses. During the first day's use of the ergot there were only two decidedly diarrhoeal passages, containing a little mucus, but not a trace of blood; the next day there was only one; on the third day the patient was cured. The author is inclined to think that ergot will prove a valuable drug in the treatment of dysentery.

Electrolysis for Stricture.

During the past two years Dr. W. T. Bel-field (*Med. Age*) has treated thirty-seven cases of stricture by electrolysis; and except for strictures located within an inch of the meatus, and for strictures of large calibre elsewhere, considers it preferable to dilatation

and urethrotomy, for the following reasons:

1. It will pass through any stricture, however tight, rigid, long, or tortuous.
2. As a rule it causes no pain, bleeding, chill, nor urethral fever.
3. It is always devoid of danger.
4. Its effects are lasting.

The Prognosis of Cancer of the Stomach.

Dr. Dujardin-Beaumetz, at the meeting of the Société des Hôpitaux, discussed the difficulties surrounding the prognosis of cancer of the stomach. When the orifices are the seat of the disease, death supervenes rapidly by pure inanition; but when the walls are alone attacked, life is more prolonged. M. Hayem spoke on the uncertainty in the progress of cancer. Sometimes a very extended cancer is compatible with a comparatively long survival, while in other cases, when the disease is very limited, death takes place rapidly.

CORRESPONDENCE.**Paris Letter.****EDS. MED. AND SURG. REPORTER:**

We are just now at the period of concours. The concours for the agregation in medicine, which shortly takes place, presents a list of 52 competitors for two places, and some of these gentlemen were already internes or chefs de clinique, when I was a student here eight years ago; so that they have already spent twelve or fifteen years in preparation for the agregation. After becoming agrégés it is frequently ten or even twenty years before they become titular professors, so that it is little wonder we see so many grey-haired professors here.

The Académie des Sciences was the scene of a spontaneous ovation to the veteran chemist, Chevreul, at its last meeting. This savant has recently attained his hundredth year, and has been able until very recently to continue his scientific pursuits.

Among the recent works which have attracted considerable attention are several communications made to the Académie by M. Poulet, of Plancher-les-Mines, on the therapeutic properties of oxalic acid. He has found it a very rapid and efficacious emmenagogue. He adduces three cases, where the arrest of the menstrual flow was accompanied by grave febrile accidents with delirium, in which oxalic acid induced its return with entire cessation of the dangerous symptoms. He uses the following potion:

R. Ac. oxalic, 3 ss.
Syr. aurantii, 3 ij.
Aque (tepid), 3 vjss. M.

This potion to be taken in tablespoonful doses hourly.

M. Poulet also claimed good results from administration of the same medicament in asthma.

That eminently conservative body, the Académie, on account of the extremely poisonous nature of the acid in question, appointed a commission to investigate the subject before publishing the memoirs of M. Poulet in the *Bulletins* of the Society.

M. Rougon subsequently made a report on the toxic properties of oxalic acid to the Société de Therapeutique.

He found that 3½ grams had proven fatal when taken, much diluted, in mistake for citric acid; this was in an adult of seventeen years. Fardieu also reports a case where two grams were fatal in a child of fifteen. Consequently M. Rougon comes to the conclusion that the administration of two grams of oxalic acid per diem should not be continued longer than two or three days.

At the last séance of the Soc. de Therapeutique, M. Constantin Paul read a memoir of Trousseau's on the employment of iodol in ocular therapeutics. Iodol is a greyish powder, containing 85 per cent. of iodine, possessing the properties of iodoform, without its disagreeable odor. It is generally applied diluted with vaseline (iodol ten grammes, vaseline ten grammes), or in solution in glycerine and alcohol, as it is not very soluble in water. It has been used with success in the treatment of chronic and granular conjunctivitis, affections of the lachrymal ducts, and torpid ulcerations of the cornea. M. Campardon remarked that iodol would appear to be particularly indicated when such troubles originated in a strumous diathesis.

In some recent experiments, M. Pierre Vigier has demonstrated some facts in pharmacology which may prove interesting to the general practitioner. It is commonly known that iodide of potash, prescribed with calomel, will throw down a precipitate of protoiodide of mercury, but what is not known so well, is the fact that bromide of potash, prescribed in combination with calomel, or administered about the same time with it, gives rise to the formation of a similar compound. This compound might prove very injurious if, for instance, calomel powders and bromide of potash were administered at nearly the same time in the convulsive disorders of childhood.

M. Vigier also brings forward some interesting facts regarding explosive mixtures, etc.

The following prescription is often given for the preparation of artificial ozone:

R. Manganese peroxyd.,
Potass. Permanganat.,
Ac. Oxalic Pulv., aa equal parts.

Mix with spatula or this powder will explode five minutes after it is prepared.

The proper course to pursue is to mix a small teaspoonful of each of the ingredients ordered on a plate containing two or three teaspoonfuls of water.

The following preparations were found by M. Vigier to be explosive:

A dentifrice composed of catechu and chlorate of potash.

A pilular mass containing permanganate of potash and ferrum redactum.

A gargle composed of chlorate of potash, glycerine, and perchloride of iron.

The following powder:

R. Calcis hypophosphit., 3 iss.
Potass. chlorat., 3 j.
Ferr. lactat., gr. x. M.

The following solution:

R. Calc. hypophosph., 3 iss.
Potass. chlorat., 3 iss.
Aque, 3 xij. M.

The following ointment:

R. Iodine, gr. xij.
Hydrarg. ammoniat., gr. xv.
Aque, 3 ss.
Adeps, 3 iss. M.

A mixture containing chlorate of potash, tannin, and chlorhydrate of morphine, and another containing four grammes of chromic acid dissolved in eight grammes of glycerine, also proved explosive.

We have considered it advantageous to report this communication of M. Vigier's in extenso, as many of the ingredients are in very common use and often prescribed in combination, without any thought regarding their explosive qualities.

He arrives at the following conclusions: Physicians should be extremely careful in prescribing the nitrates, chlorates, hypophosphites, and permanganate of potash. They should not be ordered in combination with glycerine or any easily-reduced organic substance.

M. Bedoin has put cocaine to a novel use, incorporating it in gelatine bougies for the treatment of the acute stage of gonorrhoea. He found that it relieved pain and mitigated the sufferings of chordee.

In the discussion which followed the presentation of M. Bedoin's memoir, M. Labbé asserted that he had used injections of corrosive sublimate, warm and cold, without effect. He had also experimented with kava-

kava, first used by Sanné, and had found it constantly inefficacious.

I noticed in a recent issue of the *New York Medical Record* a very laudatory article on kava-kava, which M. Labbé found so useless in his cases. M. Labbé finally had recourse to oil of sandal-wood, which was rapidly successful.

A rather novel treatment of diphtheria is that carried out by M. Delthil, a Parisian practitioner, who has become famous for his success in the cure of this disease. It consists largely in the use of spirits of turpentine; large flat dishes filled with it are placed in different parts of the room, so that its rapid evaporation may impregnate the atmosphere of the chamber. Sponges wet with it are placed at each side of the patient's head, and it is even used to swab the throat. M. Delthil claims from this treatment sixty recoveries out of sixty-three cases, where it was instituted and carried out from the beginning of the disease.

The old battle between the advocates of internal urethrotomy for stricture, and those in favor of divulsion, was fought again at a recent meeting of the Soc. de Chirurgie, M. LeDentu speaking in favor of divulsion, and Messrs. Marc Sée, Horteloup, Kirmisson and Terrier, in favor of urethrotomy. M. Kirmisson had four successful cases of urethrotomy and M. Terrier eleven, while the last-named gentleman's first case of divulsion succumbed within twenty-four hours. In a recent issue of the *Centralblatt für Chirurgie*, M. Haberkorn devotes considerable consideration to the apparently elective action of antiseptic substances administered internally.

Salicylic acid appears to have an elective action on articular affections; calomel and corrosive sublimate on the intestinal mucous membrane in typhoid diseases; finally, benzoate of soda on the infectious eruptive diseases—measles, scarlatina and erysipelas.

He has administered benzoate of soda, twenty grams daily, in erysipelas. He found that in most cases the temperature fell to nearly normal within forty-eight hours, that the general condition was much improved, and desquamation unusually rapid.

Paris, June 1.

"Social Questions."

EDS. MED. AND SURG. REPORTER:—

The *Woman's Journal*, of June 12, contains a letter from Lillie Devereux Blake, in which that writer states that the women of New York have reason to be proud of their

legislative success of this year, inasmuch as the "contagious disease" act is defeated.

As this source of congratulation is not shared by all women, it has occurred to me, after reading the editorial in your issue of June 5, to offer you for publication some views of a different character.

Women in general prefer to ignore the element in sociology known as the "social evil." That the efforts of all societies for the suppression of such crimes are unsuccessful is not claimed; but it would be well to remind such interested bodies of what Goethe has said, that "Morality is not an end in life, but is merely a means to arrive at a higher culture." It is to the higher cultivation of the nation that we must direct our efforts, and the rest will take care of itself. Educate a man or a woman to know him or herself thoroughly, and the individual will make use of all things of life only for his higher advancement. Those things which would degrade the character will be cast aside, and those which are indifferent will take their true place.

There is no use shutting our eyes to the world around us; by doing so, we only postpone the hour for settlement. Licensing and registering *maisons de tolerance* will not increase the number of *habitués*, any more than foundling homes have increased the number of illegitimate births.

It would seem as if any measure to suppress specific diseases should be advocated especially by women, and given their support.

How much might not the influence of medical women avail to open another path of life to women of such houses; though we should not deceive ourselves as to the fact that many women actually seem to prefer this career to that of domestics or trades. A most important reason to advance for women physicians having charge of medical inspections, is that such supervision would be essentially medical, and uninfluenced from other motives.

The question of limiting child-bearing, referred to in your editorial, is also one that should be considered and accepted as a right of each woman to control. Those methods which are effective and not injurious should be imparted by women physicians to their patients, although the publication of such methods should be discountenanced as indiscreet.

Viewing these questions in their broadest light, a full discussion can only result in benefit. They should be brought to the sunlight, and all superstition, and prejudice, and ignorance dismissed.

The French system of *dot* is an admirable one, and if introduced, would solve the question of late marriages, and be a potent factor in dealing with some of the problems which stare us in the face.

If the woman has either a sum of money, or an equivalent in a trade or profession by which she can add her share to the support of the house, a system would be inaugurated that would be in every way conducive to happiness.

The limitation of families and a less exacting manner of housekeeping would secure for her the hours needed to give to her division of labor.

But I have already trespassed largely on your valuable space, and so subscribe myself,

A WOMAN.

NEWS AND MISCELLANY.

New Jersey State Medical Society.

The one hundred and twentieth annual meeting of the Medical Society of New Jersey was held at the Beach House, Sea Girt, N. J., Tuesday and Wednesday, June 8 and 9, 1886.

Dr. Jos. Parrish, the President, called the Society to order at 4:20 p. m., and the Rev. Dr. Brown made a prayer, and afterwards delivered an address of welcome to the delegates.

The committee on business reported as the subject for discussion for the next meeting, "What is the Personal Experience in the Use of Antipyrine? Does it Permanently Reduce the Temperature or Modify the Course of Disease?"

The treasurer reported a balance of \$760.77 in the treasury.

After the usual committees had read their reports, the regular discussion was opened by Dr. Kipp, of Newark, the subject being Cocaine. The experience of the members of the Society was in accord with that of the profession at large, its value as a local anæsthetic and its effect on the blood-vessels was well attested.

Dr. Parrish noted its use internally in melancholia.

Evening Session at 8:50 P. M.

Vice-president Kipp in the chair.

The President read his annual address entitled "The Geography of Malaria." He described the theories at present in vogue as to the cause of malaria, claiming that there is no evidence that sustains either the "marsh poison" or the bacterial theory. On

the contrary, what evidence we have is negative. The bacterium has never been demonstrated, in spite of long and repeated microscopic search, and as to the existence of a poison evolved from decaying organic matter, the so-called marsh poison, the records of medicine are full of instances of cases of malarial diseases occurring in regions where marshes do not exist, as on high mountains, isolated and barren rocks, as Gibraltar, in sandy deserts, at sea, etc., etc., where the presence of anything approaching a marsh is impossible.

He attributed malaria to "atmospheric changes without the body and physiological effects within," alternations of heat and cold, sudden climatic changes, the effect of improper clothing, and the exposure of the body to cold after being excessively heated. Another fact points in the same direction—the close relation to dysentery, rheumatism, and hepatitis, conditions distinctly referred to chill.

After quoting many authorities on the location of malarial outbreaks and the relations to climatic changes, he said, "The symptoms that are attributed to malarial influences may be caused by the rapid abstraction of heat without the intervention of any poison." And he deduced from this proposition the following indications for treatment:

1. That the predisposing influence of excessive and continuous heat should be avoided; and,
2. That the greatest care should be observed to protect the body from cold.

Without these precautions quinine is of no value.

The periodicity of these diseases was attributed to "an intrinsic element of the constitution of the individual," and not to any peculiarity of a poison, this "element of periodicity" not being peculiar to this condition of malaria.

A vote of thanks to the President for his address called forth quite a discussion on the proposition put forward in it, it being the general opinion of the delegates that experience does not sustain such a theory.

THE STANDING COMMITTEE.

Dr. T. J. Smith then made their report. From this report it appears that the last year has been one marked for its healthfulness throughout the state, the death-rate being lower than for any year during the last five years. Fevers have been moderate and singularly amenable to treatment; the malarial diseases have particularly been on the decrease. The diseases of the alimentary and

respiratory organs have prevailed as usual, but with a lower death-rate; scarlet fever and diphtheria were not so prevalent as the preceding year.

The meteorological conditions of the year were particularly favorable; a cool summer, an autumn of even temperature, followed by a winter free from extreme cold, combined to favor healthfulness.

In the department of therapeutics the district reports contain many observations on the use of new remedies, of which the use of antipyrin and cocaine in their respective fields, corrosive sublimate in surgery, jaborandi and benzoic acid in albuminuria, and salicylate of potassium in rheumatism, are noted.

Dr. Wiley reports a case of hiccough of ten days standing cured by the one per cent. solution of nitroglycerin in one-drop doses every hour. Hydrobromate of hyoscin and terebene in chronic bronchitis were also favorably spoken of.

A quadruple pregnancy was reported from Union county. A primipara, weighing but ninety pounds, gave birth to four living children at the seventh month. Three of them lived fifteen months, and each weighed two and a half pounds. The placenta was single, with four sacs and four cords.

THE MEDICAL LAW.

Mercer County Society having prosecuted an unlicensed practitioner, he was convicted, but a petition was obtained from the community in which he lived, numerous signatures, asking clemency of the court, under the protection of which the man is at present peacefully continuing his practice.

The necrology of the year includes the following names:

Drs. John Blanc, Samuel S. Clark, of Belvidere; R. W. Elmer, G. Terhune, of Passaic; C. A. Hart, of Plainfield; H. H. James, late of Union county; A. J. McHew, of Williamstown; J. A. Armstrong, Charles Gill, of Mays' Landing; A. G. McPherson, H. D. Burlingham, of Plainfield; J. A. Amneaux, H. B. Gamer, Robert Stahlur, of Newark; W. B. Grover, East Orange; J. Ashurst, of Burlington.

Wednesday, June 9, 9 A. M.

The reports of the corresponding secretary, the delegates to American Medical Society and the various state societies were received.

Drs. Bronson and Hazen, of Connecticut, presented the greetings of the Connecticut Medical Society.

Dr. H. Genet Saylor, the third Vice-pres-

ident, read an essay entitled "Medical Education," in which he strongly urged the necessity for preliminary education and the need for more united action by the profession in the matter of compelling our medical colleges to raise the standard.

Dr. Benjamin, of Camden, was appointed essayist for the ensuing year.

Dr. W. K. Newton, of Paterson, read an essay entitled "The Relations of the Physician to the State." He drew a parallel between the physician of to-day and the one of the eighteenth century, quoting from McMaster's history of the United States, claiming that the older physician was a more important individual in the community, and while less learned in his books he was more familiar with the clinical history of disease, and particularly more familiar with the individuality of his patients. He urged also that the duty of the citizen is too much neglected by the doctor.

He then spoke of the exemptions allowed to physicians by law. The exemption from jury duty, the privilege of fast driving and of first crossing a ferry, and the priority of his bill for professional services after death, completes the list of favors granted by law. Per contra as duties, there is the duty of so operating and managing a case as not to be liable to suits of malpractice, the reporting of births and deaths. In this State this is not remunerated by money or by any special protection granted by the State, but is demanded in the interests of science.

The boards of health of this State have the power of compelling the notification of cases of contagious disease, for which a fee of twenty-five cents must be paid for each notice; the penalty of non-report being \$100. As a witness, the duty of the physician simply extends to testimony as to facts. His opinion as an expert may not be demanded from him without his consent, and he may claim a fee before giving such testimony, from the party calling him. The doctor quoted several authorities on this point.

It is as a sanitarian, however, that the physician owes the greatest duty to the public. It is this new department of knowledge, known as sanitary science, where the special training of the physician is of particular value, and this is the field in which he may repay the debt he owes to society as a member of it.

In no specialty in medicine is there a broader knowledge of the sciences collateral to medicine required. The doctor deprecated the hasty promulgation to the world of the results of hasty generalizations or of theo-

retical dreamings as to the causes of disease. What is needed is more systematic study of the causes of disease by competent observers. Of even more importance than his public duties as member of health boards, etc., is his duty as a sanitarian in his private practice, when by daily words of advice he may point out the way of avoiding the preventible causes of disease.

Then followed a discussion upon the report of the Committee on Education published in the report of 1885.

The corresponding secretary read the communications on this subject sent in by the district societies.

The discussion was interesting and lively, but as usual inconclusive, and it was indefinitely postponed.

The committee on prize essay had no report to make.

Dr. Hunt gave notice of an amendment to the by-laws chap. ii. sec. 12.

Dr. G. H. Balleray, of Paterson, read an essay entitled "Abdominal Surgery." This paper consisted of a series of cases of operations on the uterine appendages. The cases presented many points of interest both in the diagnosis, the operations, and the after-treatment.

The report of the nominating committee having been received, the annual election of officers took place with the following result:

President—Dr. Chas. J. Kipp.

1st Vice-President—Dr. Jno. W. Ward.

2d Vice-President—Dr. H. G. Taylor.

3d Vice-President—Dr. B. A. Watson.

Corresponding Secretary—Dr. Wm. Elmer, jr.

Recording Secretary—Dr. Wm. Pierson.

Treasurer—Dr. W. W. L. Philips.

Standing Committee—Drs. T. J. Smith, E. J. Marsh, D. C. English.

The delegates to the various corresponding societies were then elected.

The committee reported that the next annual meeting would be held at Beech Haven, N. J., on the third Tuesday in June, 1887.

Dr. Benjamin offered the following resolution, which was carried:

"*Resolved*, That the Society can consistently recommend only those medical colleges that compel a preliminary examination and at least a three years' course."

Dr. Whittingham introduced the following resolution, which was carried. The discussion that followed brought out some very strong arguments by Mr. Watson regarding his position in the matter:

"*WHEREAS*, in the investigation of questions pertaining to life, health, and disease,

experiments upon lower animals are absolutely necessary to determine the causes and results of diseases or injuries;

"*Resolved*, That this society not only countenances but approves of such experimental researches, and disapproves of the action of societies or persons who, on the ground of preventing cruelty to animals, would throw obstacles in the way of experiments having for their object the relief of human suffering."

Meeting adjourned.

Ohio State Medical Society.

Forty-first Annual Session at Akron, June 2, 3, 4, 1886.

FIRST DAY.

Dr. W. Morrow Beach, the President, called the meeting to order promptly at the hour, 2 P. M., with a fair representation of members present.

Rev. R. F. Ganter, D. D., led in prayer. Mayor L. D. Walters, of Akron, and Dr. E. W. Howard, of the local Medical Society, made addresses of welcome.

Secretary G. A. Collamore, of Toledo, reported 557 members, 11 deaths, and 40 lapses since the meeting at Dayton one year ago. Deaths: John Corson, Middletown; R. M. Gibson, Portsmouth; A. T. Keyt, Walnut Hills, Cincinnati; J. L. Moore, Moscow; E. L. King, Astabula; Wm. Saylor, Gratis; S. R. Voorhees, Mason; N. Dalton, Mineral Point, Wisconsin; S. P. Hunt, Richmond, Ind.; M. Jules Guerin, Paris, France.

Applications to be made auxiliary societies were made by the Muskingum Valley District Medical Society, Washington County Medical Society, and Piqua Medical Society.

Bills for printing Transactions \$257.50, and for expenses of the committee for "pushing" the State Board of Examiners bill amounting to \$125, and numerous other bills, total \$673.10, were reported countersigned.

Vacancies caused by absentees were filled in the committees on finance and commissions.

Dr. W. H. H. Nash, of Columbus, reported from the committee on publications. Adopted.

Dr. D. A. Morse, Oxford, E. Williams, Cincinnati, Jonathan Morris, Ironton, reported as delegates to state and national societies.

Dr. H. Z. Gill reported verbally "A Case of Torticollis with Treatment."

Dr. A. Hurd, of Findlay, read a paper

on "The Close Relationship and Probable Identity between Scarlatina and Diphtheria, with Pseudo-membranous Croup Considered." A very interesting subject and paper. Discussed by Drs. Scott, Hiner, Bennett, Scovill, Gill, Williams, and Harmon.

Mrs. F. W. Leiter, of Mansfield, the President of the Society for Promoting Scientific Instruction concerning Intemperance, addressed the meeting in stirring terms. She was heartily applauded. Her speech was criticised by one of the members.

On motion of Dr. Harvey Reed, of Mansfield, a committee was appointed to report on the subject. President appointed R. H. Reed, W. J. Scott, and Alex. Dunlap.

Dr. Nat. P. Dandridge, of Cincinnati, read a paper on "The Present Aspect of the Treatment of Vesical Calculus."

Discussed by Drs. Hamilton, Forbes, and Russell.

The Secretary was instructed to acknowledge the receipt of a telegram of "Congratulation, fraternal greetings, and wishes for prosperity," by the Medical Society of Ontario, Dominion of Canada.

Adjourned till nine o'clock Thursday morning.

SECOND DAY.

Morning Session.

After the reading and adoption of the minutes, Dr. McEbright, of Akron, announced that the extensive manufactories for which the city was noted were thrown open and a cordial invitation extended to the members to visit them.

The Committee on Admissions reported twenty-five new names to be voted on for membership. Elected.

The committee appointed last year at Dayton to seek the passage of a State Board of Examiners bill made their report. On motion of Dr. C. R. Stocton Reed, of Hamilton, they were continued.

Dr. R. B. Hall, from the Committee on Finance, reported: The committee beg leave to report that they have examined the report of the Treasurer and found it correct. Money in the hands of the Treasurer, \$340.01. Received and filed.

Vacancies in the Committee on Ethics were filled.

The Secretary was instructed to respond to a telegram of congratulation and best wishes from the Ohio Pharmaceutical Association, in session at Springfield.

Dr. Dudley P. Allen, of Cleveland, read a paper on "A Selected Case of Laparotomy," and exhibited specimens.

Dr. W. B. Hamilton, of Columbus, read a paper on a case similar to that just read by Dr. Dudley.

Adjourned until 2 p. m.

Dr. B. M. Ricketts read a paper, subject, "Epithelioma, its *Ætiology*, Diagnosis and Treatment." He opened with a reference to the extreme amount of suffering entailed upon the subject of cancer. He thought the authorities prone to elaborate and mystify rather than to simplify their thoughts. Owing to the voluminous character of their productions, they are to the general practitioner inaccessible. Bichat, Mueller, and Rokitsky first discovered their histological tissue development. According to Parker, 1-120th of the deaths of the world are from this disease. On the Nile, among the American Indians, Hindoos, Egyptians, and native negro population of Africa, it is absent. It is found most common on the water-courses of England and Wales. Epithelioma is the only form of cancer the origin of which has been satisfactorily associated with previous local disease, constant irritation being the most common cause. It was not till 1840 that Rokitsky placed our knowledge of this disease on a high footing, and epithelioma was known to be a distinct form. It is claimed that the upper lip has an immunity against this disease, but two cases have been reported by Hebra. The average time required to destroy life is 53 months, longer than any other form of cancer. The author gave a number of tables going to show that this variety comprises one-fourth of the cases of cancer, that it occurs oftener in men than in women, and that it is found oftenest in the face. The classification of the epithelioma was then discussed. First the superficial or flat, with which some think the rodent ulcer to be identical, then the deep-seated, then the papillomatous or warty cancer, the most common of them all.

The diseases liable to be confounded with epithelioma are lupus, syphilis, and rhinoscleroma, from which differential diagnosis is comparatively easy.

Treatment should be both local and constitutional. There is no question but that either form of the disease should be removed as early as diagnosed. The only difference is how to remove it. The superficial is the most easily cured, and is thought by some to be the only one in which caustics should be used. Mr. Ericson firmly believes that excision with the knife cures. Caustics, though brought into disrepute by charlatans, are undoubtedly of use. The essayist next discussed the actual cautery, the black paste

made of sulphuric acid and saffron, the chloride of zinc paste, caustic arrows, Fell's paste, arsenious acid, Mances' oil, ointment of pyrogallie acid, acetic acid, electrolysis. Escharotics, he said, should not be used unless there was a considerable amount of tissue underneath. Cauterants should be followed by warm poultices and carbolized oil dressing. He further discussed repair of the lost parts by flap operations, skin and sponge grafting. He recommended highly the local or subcutaneous use of cocaine to relieve pain, spoke of local anesthesia from salt and ice, but feared sloughing as a result. Recommended, in closing, special attention to the general condition of the patient.

Discussed by Drs. Sisler, Merriman, R. H. Reed, J. T. Whittaker and Wm. Corlett.

Dr. H. Z. Gill, chairman of the Committee on the Collective Investigation of Disease, made the report. He introduced a number of carefully-prepared charts showing the relation between the temperature and death-rates, referring especially to Cleveland. During the year there were 518 deaths among children from cholera infantum. 418 occurred during July, August, and September; 375 of them during the two former months. Sixteen deaths are recorded July 31. Of these, eighteen were from cholera infantum. The relationship between scarlet fever and diphtheria, as shown by the chart, he thought rather more than accidental. The subject of typhoid fever was also discussed. Ill ventilation, crowding, as in sleeping-rooms, school-rooms, etc., he considered great evils. Ventilation dilutes until it destroys; dilution attenuates until it renders innocuous.

The reports of Drs. Starling Loveing and C. O. Probst, members of the committee, were also submitted.

Adjourned for dinner.

Afternoon Session.

Dr. C. A. L. Reed, of Hamilton, read a paper on "Some Cases of Abdominal Section." Three papers having been read on this subject now, it was taken up and a very lively discussion followed. This was taken part in by Drs. A. Dunlap, of Springfield; W. B. Hamilton, of Columbus; and H. J. Herrick, of Cleveland.

Election of officers being called for, resulted as follows: *President*—Thomas MacEbright, of Akron. *First Vice-President*—J. M. Weaver, Dayton. *Second Vice-President*—W. S. Battles, Shreve. *Third Vice-President*—X. C. Scott, Cleveland. *Fourth Vice-President*—Jesse Snodgrass, Kenton.

Secretary—G. A. Collamore, Toledo. *Assistant Secretary*—E. C. Brush, Zanesville. *Treasurer*—T. W. Jones, of Columbus. It was decided to hold the next meeting of the society in Toledo.

The president did not deliver an address, but read a number of letters from those who could not attend from home and abroad.

Dr. E. Williams, of Cincinnati, read one of his characteristic humorous papers, full of wit and good hits at quacks and quackery. His subject was "Ocular Delusions." It was greeted with laughter and applause.

Dr. A. B. Treasher, of Cincinnati, read a paper on "Hypertrophic Nasal Catarrh," in which he thought the disease as a rule due to a strumous diathesis, in addition to the common irritative causes of chronic nasal catarrh.

There was only difficulty in diagnosis when the hypertrophic tissue has a tendency to become pedunculated, when it may simulate or really become a true polyp.

The prognosis is wholly governed by the treatment, and bad if no treatment is instituted. This should be two-fold: constitutional and local. The former should be both hygienic and medicinal, subject to the peculiarities of the case. The local treatment should be the radical removal of the thickened tissue. This should be done as a rule by the galvanic battery.

(To be concluded.)

The Cholera.

The Roman correspondent of the *Brit. Med. Jour.* thus writes to that journal (May 22):

"In the different parts of Italy in which cholera has, so far, shown itself, the number of cases during the week has been considerable. In the seven days terminating at noon on the 16th, there have been in Venice 48 cases and 36 deaths; in Bari, 124 cases and 52 deaths; and, in Ostuni, a smaller town of Apulia than Bari, 18 cases and 5 deaths. Brindisi seems to be nearly free from the epidemic, only 2 fresh cases, which proved fatal however, having been reported in the same period; but there are some other infected spots in the province, which quite justify the uneasiness with which the local outbreaks are regarded.

"According to the cholera returns for the 24 hours ending May 19, there were 10 cases and 8 deaths at Bari, and 7 cases and 2 deaths at Venice. Three cases and 4 deaths have occurred since May 17, in the province of Brindisi.

"The quarantine of seven days, for the

protection of the islands against vessels from the Adriatic, has been extended so as to include arrivals from all parts of Italy, an arrangement which has been received with great favor by the newspapers of Palermo, and other towns, which had filled their columns, day by day, with loud invectives against the government for not granting the restriction sooner. It was pointed out, in a former letter, that this step was inevitable, as the Ministry, not having any firm decision of its sanitary advisers to trust to, was certain to yield to the pressure of any ignorant and clamorous mob. It must have been sorely against the grain, we might suppose, that it did so, as the elections for the Chamber of Deputies are fixed for May 23, and it cannot be expected that many of the electors for the islands, living on the mainland at present, will be enthusiastic enough politicians to brave a seven days' quarantine for the purpose of recording their votes. The adversaries of the present administration do not hesitate to insinuate that the decision to grant the restrictions demanded was really taken with the object of propitiating the islanders, and thus gaining a vote or two for the ministerial candidates. With a few honorable exceptions, however, the newspapers express no condemnation of the weakness of the government, but show a complacent indifference, born of ignorance, as to the value or uselessness of all such measures."

Tyndall's Theory of Vaccination.

Professor Tyndall explains the philosophy of vaccination as follows: "When a tree or a bundle of wheat or barley straw is burned, a certain amount of mineral matter remains in the ashes—extremely small in comparison with the bulk of the tree or of the straw, but absolutely essential to its growth. In a soil lacking, or exhausted of, the necessary constituents, the tree cannot live, the crop cannot grow. Now, contagia are living things, which demand certain elements of life just as inexorably as trees or wheat or barley; and it is not difficult to see that a crop of a given parasite may have so far used up a constituent existing in small quantities in the body, but essential in the growth of the parasite, as to render the body unfit for the production of a second crop. The soil is exhausted, and until the lost constituent is restored, the body is protected from any further attack from the same disorder. Such an explanation of non-recurrent diseases naturally presents itself to a thorough believer in the germ theory, and such was the solution which, in reply to a question, I

ventured to offer nearly fifteen years ago to an eminent physician. To exhaust a soil, however, a parasite less vigorous and destructive than the really virulent one may suffice; and if, after having, by means of a feebler organism, exhausted the soil without fatal result, the most highly virulent parasite be introduced into the system, it will prove powerless. This, in the language of the germ theory, is the whole secret of vaccination."

Reception to Dr. Holmes.

There was a large gathering at the St. George's Club, in London, on the evening of May 24, to welcome Dr. Oliver Wendell Holmes. Among those present were: United States Minister Phelps, Commissioner Van Wagner, Consul-general Waller, Vice-consul-general Penfield, James Russell Lowell, R. B. Haldane, M. P.; Charles Russell, M. P.; Charles Palmer, M. P.; John B. White, M. P.; Censul Bret Harte; the Dukes of Argyll, Westminster, and Manchester; Lord Napier; Count Karoly, the Austrian Ambassador; Sir Arthur Sullivan, Sir John Millais, Henry Irving, John L. Toole, and Thomas Power O'Connor, M. P.

Medical Exhibition in Berlin.

An exhibition is to be held in September in Berlin, at which it is intended to present a picture of the progress made in recent years in all departments of medical research. The sections will include physiology, pathology, anatomy, and general pathology, pharmacology, dermatology, and syphilology, surgery, gynecology, ophthalmology, psychiatry, neurology, laryngology, together with military and sanitary affairs. The secretary of the exhibition is Dr. Lassar, 19 Karlstrasse, Berlin.

Medical Missions.

Mr. T. Fisher Unwin is about to publish a work entitled "Medical Missions: Their Place and Power." It is written by the Rev. John Lowe, the Secretary of the Edinburgh Medical Missionary Society, and will contain an introduction by Sir William Muir. It will also be further embellished with a medallion portrait of Dr. John Abercrombie, the founder of the above society.

Photographic Diagnosis.

Henry de Parville, in *Le Gagne-Petit*, tells of a case in which the sensitive plate for a photograph showed some very peculiar dark specks. When the sitting was made the sub-

ject had peculiar sensations of the skin, but nothing was visible. Two days after the sensitive plate announced that something was wrong, the woman was taken sick with an eruptive fever.

Seats for the Store-girls.

The Health Department of Chicago has, we learn from the daily papers, brought a suit against a dry goods firm in that city, for not providing seats for their women clerks. There is considerable interest in the case, as it is the first prosecution under an ordinance passed about two years ago.

Items.

—The *Medical World* is authority for the statement that "a dentist in Michigan has the following sign over his door: 'Teeth extracted without pain. Laffing gas, 10 cents; a ha, ha! The charge is only made for the gas—the teeth are extracted without payin'."

—S. A. Popoff states that by treating the hot alcoholic extract of cloudbberries (*Rubus chamaemorus*), after decolorization with animal charcoal, with distilled water, an acid is precipitated in light, nearly colorless flakes. The acid possesses the diuretic properties of the berries, is only sparingly soluble in water, but readily in alcohol, and forms soluble crystalline salts with alkalies. The berries do not contain an alkaloid.

—During an epidemic of small-pox in a town in Italy Dr. D'Ortensio observed that the course of the variola was modified by an inter-current attack of malarial fever. A patient upon whom the variolous papules were well developed was seized with a typical malarial paroxysm. The eruption almost immediately disappeared, but upon the cure of the fever by quinine the papules again made their appearance, and the small-pox ran its regular course.

—An English barber, while cutting the hair of a gentleman, remarked:

"I believe the cholera is in the hair."

"Then," observed the customer, "you ought to be very careful of what brushes you use."

"Oh, sir," replied the barber laughing, "I did not mean the air of the ed, but the hair of the hatmosphere."

—The *Therapeutic Gazette* expresses its appreciation of drugs by an anecdote concerning the late Dr. George B. Wood. This eminent therapist was accustomed to say that when any physician came to him and professed lack of faith in the efficacy of

medicines, he always replied that this lack of faith must rest upon the physician not having used drugs properly, because the results to be achieved by the proper use of remedial measures are so apparent that they can be seen at once.

—Young Man—"Do you want a drug clerk?"

Druggist—"I do; have you studied any?"

Young Man—"Ah, yes. I am well up in the business."

Druggist—"Can you tell the difference between morphine and quinine?"

Young Man—"Ah, yes; easily."

Druggist—"How?"

Young Man—"By watching the purchaser and seeing if he dies."

—"Since Grant died," said Gen. George A. Sheridan in a lecture recently, "I have had a kindlier feeling for death than ever before. Somehow I believe that the grim slayer, moved by admiration for the soldier who was making such a splendid fight against him, and awed by the depth and majesty of the love that moved his pen across the weary pages, held back the final shaft till the old hero's work was done and his soul could pass out tranquil and untroubled by thought of danger to his loved ones."

OBITUARY NOTICE.

GEORGE T. CATLETT, M. D.

Dr. George T. Catlett, physician to the insane asylum at St. Joseph, Mo., died on the 18th of May. Dr. Catlett's death was quite unexpected, and will be received with surprise by the profession of Missouri, many of whom had been in attendance with him at the meeting of the American Medical Association at St. Louis, a few days prior to his death. He was the last president of the Missouri State Medical Association, was well known throughout the West, and very highly respected.

QUERIES AND REPLIES.

SWEATING HANDS.

In reply to Dr. Vanderpoel for a remedy for sweating hands, if he will use a saturated solution of tartaric acid four or five times a day, letting it dry on the hands each time, I think he will relieve his case. It may be applied in powder, if the patient prefer.

Baltimore, Md.

N. W. L., M. D.

MARRIAGES.

DODD—CHAMBERS.—June 9, 1886, by Rev. J. F. Jones, at the residence of the bride's parents, in Washington Co., Pa., W. S. Dodd, M. D., to Miss Sarah Chambers.

STAMPS—MAXWELL.—June 2, 1886, by Rev. Mr. Worley, John A. Stamps, M. D., of Wallaceburg, Arkansas, and Miss Minnie Maxwell, of Gainesville, Texas.